

Winter 1985

Jefferson Alumni Bulletin – Volume XXXIV, Number 2, Winter 1985

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Jefferson

MEDICAL COLLEGE

ALUMNI BULLETIN

Winter 1985

There is less agreement on the correlation between college grades and performance during the clinical years of medical school. A good academic record is of value also, as a reflection of motivation, mature judgment, dedication and self-discipline. Recently, there has been much interest in the quality of the baccalaureate education of students preparing for a career in medicine. This largely is a result of the Report of the Panel on the Professional Education of Physicians sponsored by the American Medical College Association, which emphasizes concentration only on the point average.

The GPEP study recommends that every student be required to complete baccalaureate education that passes broad study in the sciences, the social sciences and in the humanities regardless of the major objectives. Admissions Committees have been encouraged to avoid an emphasis on science grades and the Medical College Admission Test science subtests. The students are encouraged to avoid preoccupation with demanding science courses which they think they need to get into medical school. Studies in the social sciences and in the humanities are considered essential for the broad education of all students.

Jefferson requires only the essential science courses for an applicant: a year of biology, a year of physics, a year of inorganic chemistry and a year of organic chemistry. We do not require additional science courses. Scholarly endeavor which requires originality, research and the ability to think, with competence in written expression using accurate grammar, sound analysis and persuasive argument is not only encour-

aged, but will also be examined by the addition of an essay section in the next Medical College Admission Test.

Changes in the medical school curriculum have been announced including the inclusion of a course in the forefront of medical education.

During the admission's interview, an assessment of each applicant's personal qualities including creativity, curiosity, maturity, enthusiasm, initiative, commitment, motivation, self-confidence, integrity and judgment is made.

Although character traits are difficult to evaluate, a skillfully conducted interview may reveal interpersonal conflicts, anxieties, deceptions, inconsistencies, emotional instability or only a superficial interest in medicine. Today, most applicants are knowledgeable about medical issues and many are well-informed about the medical profession.

Information about the applicant and information about the applicant for the Admissions Committee.

In 1984 Jefferson Medical College, for the eleventh year, participated in the Early Decision Program (EDP). The Early Decision Program is designed especially for strong candidates who know for a certainty that Jefferson is their first choice for medical school. EDP applicants must apply before August 1 and are notified of the Committee's decision before October 1. A student applying for this program is permitted to submit only one application to the school of choice and agrees to attend that school, if selected.

Admission through the EDP can greatly reduce the financial and psychological costs of applying to multiple medical schools. The better applicant may be accepted before beginning the senior year thus eliminating anxiety and worry throughout that year.

In 1984, 72 of the 127 medical school seniors participated in EDP. Jefferson received 31 Early Decision applications and 22 students were accepted before October 1. The applicants were considered by Jefferson and by other medical schools who applied after October 1, but the applicants in the regular admission cycle.

Jefferson is the official medical school of the state of Delaware and, as such, has participated since 1970 in a cooperative program administered by the Delaware Institute of Medical Education and Research (DIMER) and Jefferson. The cooperative partners of this program are:

University of Delaware, Wilmington Medical Center and Jefferson Medical College. Participants in the Jefferson-DIMER program serve a major portion of their clinical clerkships at Jefferson, which is affiliated with the University of Delaware. A Committee composed of representatives from the Jefferson Medical College, the University of Delaware and the Delaware Academy of Medicine reviews applications and from the University of Delaware using the same criteria as the selection process for Jefferson.

All applicants must be bona fide residents of the State of Delaware and must meet the same criteria as in effect for the University of Delaware. Financial assistance, based on need, is available in the form of grants and loans administered by the Delaware Academy of

**Selecting
the Best**

ALUMNI CALENDAR

February 28

Annual Dinner and Meeting of the Alumni Association
The Palace Hotel
18th and the Parkway

March 22

Parent's Day for sophomore students
Jefferson Medical College

March 29

Reception during the meetings of the American College of Physicians
The Cosmos Club
Washington, D.C.

March 29

Recent Advances in Abdominal Surgery
The Franklin Plaza Hotel
Co-sponsored by the Department of Surgery and the Office of CME, JMC

April 10

Dinner for Lehigh Valley alumni
Saucon Valley Country Club
Bethlehem

May 1-3

Preoperative Consultation—The Surgical Patient with Medical Problems
Philadelphia Hershey Hotel
Co-sponsored by the Department of Medicine and the Office of CME

May 3

Reception at the Potomac, Maryland home of Dr. & Mrs. Jay M. Grodin for Washington, D.C. area alumni

May 3

Reception during meetings of the Medical Society of New Jersey
Host Farm
Lancaster, Pennsylvania

May 3

Black and Blue Ball
Franklin Institute
Sponsored by Kappa Beta Phi

May 8-10

Third Annual Update on Internal Medicine
Jefferson Alumni Hall
Co-sponsored by the Department of Medicine and the Office of CME

May 11 to 26

Postgraduate Seminar aboard the Vistafjord out of Genoa to Haifa, and then the World Congress in Jerusalem

May 13

Reception during the meeting of the American College of Obstetricians and Gynecologists
The Cosmos Club
Washington, D.C.

May 21

Reception during the meetings of the American Psychiatric Association
Dallas, Texas



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Selecting the Best

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An update by the Associate Dean for Admissions, Benjamin Bacharach, '56, who reports that Jefferson still seeks the cream of the academic crop.

Jefferson Scene

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The J. Woodrow Savacool Prize in Medical Ethics along with the Dean's message, the Ballard-Driscoll transition and the Alumni Association President, John R. Prehatny, '57 heads the news section.

Family Center Program

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A look at the Family Center Program at Jefferson by its Director, Loretta P. Finnegan, M.D., who cites her work with pregnant addicted women.

Class Notes

28

In addition to articles highlighting Joseph Pancoast, Jefferson's legendary surgeon and Henry H. Perlman, Class of 1918, who still practices pediatric dermatology in his Philadelphia office, there is the story of Captain Alfred J. Martin, Jr., '64, who was on the scene at the bombing of the American Embassy in Beirut in April, 1983.

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Credits:

Photos of Admissions Committee, and Family Center (except where noted) are by Don Walker.

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Second year students Bertram T. Chinn (son of Franklin J. Chinn '52) and Lynne E. O'Dorisio, (center) include the Samuel D. Gross statue on Scott Plaza, during a tour of the campus scheduled each Wednesday afternoon for admissions candidates.

SELECTING THE BEST

Jefferson continues admitting only the best for each freshman class

by Benjamin Bacharach, M.D. '56

Associate Dean for Admissions

The annual admission process at Jefferson encompasses not only the recruitment of strong applicants by visits to college premedical groups, but also the review of almost 5,000 academic records; hundreds of guided tours of the campus; approximately 1,000 interviews conducted separately by experienced faculty and trained student interviewers; and then weekly evaluations by the Committee on Admissions of all of these accumulated records, letters, transcripts and interviews. This system of evaluating and choosing students for the first year class, with only a few minor changes, was developed by Samuel S. Conly, Jr., M.D. '544, over 20 years of devoted service to Jefferson and inspiring leadership as the Director of Admissions.

We continue to receive over 4,000 applications each year. Because of the skill of our professional office staff, under the supervision of Joyce Mariano, and with the help of my assistant, Michele Cusato, we are able to avoid being overwhelmed by the paper work, correspondence, phone calls and counseling requests. This office processes approximately 40,000 letters, requests, forms and applications every year.

We receive 50 to 100 phone calls per day requesting information and advice,

as well as calls to schedule or reschedule interviews. In addition, many calls we receive are from faculty members, alumni and legislators (local, state and national) in support of the application of some "very deserving" young student. Most of the questions are answered, the letters of recommendation are acknowledged, and the folders for each applicant are assembled, so that the interview can be scheduled (or rescheduled) in an orderly fashion. Before an interview can be scheduled, we require a verified transcript of the grades, a copy of the Medical College Admission Test scores and a letter (or letters) of recommendation from the college or university. Last year we interviewed over 1,200 applicants from 159 different colleges and universities and each applicant's record was reviewed and the academic requirements verified. Many of these applications require personal phone calls or letters to obtain missing letters or grades or scores before an interview can be scheduled.

In addition to this "routine" information, there are special requirements for applicants to the various special programs at Jefferson such as the Physician Shortage Area Program, the Delaware Medical Education Program

and the Jefferson-Penn State Accelerated Medical Student Program. Separate forms must be sent out, returned, reviewed and assembled with the other information before these applicants can be interviewed. I think it is important to acknowledge the tremendous job done by the staff and important, also, for others to realize that there is a great deal of work involved assembling the application before an interview can even be considered. Jefferson has been widely recognized as having one of the nation's best organized, friendliest and most helpful Admissions Office staff by both applicants and undergraduate premedical advisors.

In a continual effort to improve and refine the admission process at Jefferson, we have sent a comprehensive questionnaire to applicants whom we have accepted but have chosen another medical school (66 percent responded) and to new Jefferson freshmen who had been accepted to other medical schools but chose to come to Jefferson. We have learned that almost every applicant over the past four years was favorably impressed with Jefferson and the admissions process ("much impressed," "one of the finest," "excellent school," "extremely impressed," etc.). However, many good

applicants are unable to attend private medical schools (Jefferson, Harvard, University of Pennsylvania, Duke, Stanford, etc.) because of the tuition. This is especially significant for an out-of-state resident who is accepted to a public medical school (UCLA, Illinois, Kansas, Michigan, Ohio State, University of Texas, Medical College of Virginia, etc.) where the tuition and fees together may only be \$500 per year (University of Texas) or \$1,200 per year (UCLA).

This is a problem which is not unique to Jefferson, but is becoming increasingly important to all privately supported medical schools because of a decrease in the availability of low interest loans. Total educational indebtedness of Jefferson Medical College students was over \$8,800,000.00 at the end of the 1983 school year and the average debt per senior student was over \$30,000. Thirty-three graduating seniors had educational indebtedness between \$30,000 and \$70,000. The anticipated total repayment in 15 years for the average student with primarily federally guaranteed loans (Plus loan, HEAL, etc.) could be over \$150,000. The Registrar, Arthur Owens, provides financial aid information and advice

each week for the new applicants during their visit to Jefferson. New funds for scholarships and student loans are being sought by concerned individuals within the University.

As a participant in the American Medical College Application Service (AMCAS) for the past ten years we have received verified application information from a centralized service in Washington (sponsored by the Association of American Medical Colleges). We also receive a series of computerized statistical reports from this service which permit us to evaluate our applications according to age, state or country of residence, undergraduate major, undergraduate college or university. We, in turn, notify the American Medical College Application Service of our decision on each application and, then, update this information following any subsequent change in the status of an applicant. At the present time 101 U.S. medical schools participate in this service allowing applicants to file one application with AMCAS and to have the information forwarded to all of the member schools designated by the student.

The decision regarding an invitation to come to Jefferson for an interview is

made by evaluating a number of factors. We can interview approximately 25 to 30 percent of those who apply. Interviews are offered to those who are considered to be most competitive for places in the first year class. We do not accept applicants without an interview and we only have places for 20 to 25 percent of those who are selected for interview. This means we receive approximately 20 applications for each place in the class but can interview only five to six applicants for each available place.

Because of our special programs, separate evaluations are made for those applying for the Physician Shortage Area Program, for the Jefferson-Penn State Accelerated Medical Student Program and for the Delaware Medical Education Program. A special review and evaluation also is completed for applications from Alumni and Faculty offspring. Special consideration and evaluation of applications from the federally identified minority groups including Mexican-Americans, Black Americans, Mainland Puerto Ricans, American Indians and the economically disadvantaged also is carried out. This preliminary screening of all applications involves consideration of the academic record and the results of the Medical College Admission Test. Also reviewed are the required letters of recommendation from the undergraduate school and supporting letters which may be received from other undergraduate faculty members, from Jefferson Alumni or from those who wish to volunteer additional information on the character and personal qualities of the applicant. Both the decision to offer an interview and the decision to offer an acceptance are made after serious consideration and evaluation by the staff and the Committee.

The entire admissions process takes a great deal of time, effort and dedication from everyone involved and entails a special commitment by the faculty members of the Committee and the Jefferson students who conduct interviews each week. Interviewing begins in late August and continues through May. The full Committee meets each Wednesday afternoon for two and a



Dr. Bacharach meets with prospective students Wednesday at noon in the sixth floor board room of Scott Library. With him are second year students Alan Fishman and Mr. Chinn, who coordinate the interviews and tours immediately following the luncheon.

half to three hours to discuss the applicants interviewed the week before. While the Committee is meeting, the current group of applicants (35-40 each week) is given lunch (by courtesy of Dean Joseph S. Gonnella), a tour of the Jefferson campus and an interview by a member of the Student Council Admission Committee under the supervision of Dr. Christina L. Herring. The student interview provides the parent Committee with a valuable assessment of the applicant from a contemporary perspective.

The Committee

The Committee on Admissions consists of 24 faculty and three student members. There are 19 members from the Clinical Faculty (medicine, surgery, obstetrics and gynecology, pediatrics, psychiatry, radiology, otolaryngology, rehabilitation medicine, clinical pathology, anesthesiology, family medicine, radiation therapy and emergency medicine are all represented) and five members from the basic science faculty (anatomy, microbiology, physiology, pharmacology and pathology). In order to see as many applicants as possible, an Alternate Subcommittee of 18 faculty members was created to conduct interviews when members of the parent Committee are absent or unable to interview. Previous members of the Committee on Admissions as well as potential future members, who have undergone a period of indoctrination and orientation to Committee procedures, conduct periodic interviews when needed. There are 11 active alternate subcommittee members at the present time (the departments of biochemistry, psychiatry, orthopaedic surgery, hematology, family medicine, microbiology, pediatrics and medicine). There were 1,249 applicants invited last year, the largest number ever interviewed at Jefferson.

We received 4,567 applications for the 1984-85 first year class from 555 colleges and universities in all 50 states and 32 foreign countries. In the past, most applicants to medical school were 21 to 22 year old males with a premedical or biology major. Last years appli-

cants to Jefferson included 1,551 females and 3,016 males. The ages of the applicants ranged from 18 to over 38. There were 313 applicants over the age of 30. Applications were received from 328 with master's degrees and 66 with Ph.D. degrees. Twenty-seven applicants had other doctoral degrees. There were 82 majors represented, including accounting, engineering, history, english, foreign languages, home economics, nutrition, physical education, political science, statistics, theatre arts, literature, ecology, classics and music. In addition to an increase in the number of applications from older students, from women and from those with less traditional majors, there are an increasing number of applications from engineers, lawyers, dentists, clergy, nurses, educators and business executives who are exchanging their profession for a career in medicine. A number of academic programs tailored to the special needs of this group has been developed at a number of colleges and universities including Bryn Mawr, the University of Pennsylvania and Columbia University.

The final selection of new Jefferson students is made after considering many factors. These include the college attended and its academic standards; the quality of the courses and curriculum selected; the type and extent of involvement in extracurricular activities and part-time employment; the letters of recommendation from college advisors and faculty; the academic record and scores achieved on the Medical College Admission Test; and most important of all, the assessment of the applicant's personal qualities as evidenced during the interview.

The Interview and Grades

An evaluation of the personality characteristics of the applicant is determined by the two personal interviews at Jefferson and from the required and optional letters of recommendation. The interview benefits both the applicant and the Admissions Committee by providing an opportunity for the applicant to explain points which might require clarification for the Committee during subsequent deliberations. The

Profile of the Class of 1988

The most recent class to have gone through the selection procedure entered in September, 1984. From 4,567 applications and 1,249 interviewed, a class of 223 was selected. The class is made up of 164 males and 59 females with 125 from Pennsylvania and 98 students from 17 other states and three foreign countries. Twenty-two students were selected from those who had applied to Jefferson through the Early Decision Program. Twenty students were chosen from the State of Delaware as part of the Jefferson-Delaware special program. The class contains 38 offspring of Jefferson Alumni and 16 offspring of Jefferson faculty members. There are 18 students enrolled as part of the Physician Shortage Area Program. The mean age of the freshman class is 23 years with a range in age from 20 to 38 years.

There are only two other medical schools in the country (of a total of 127 medical colleges) with a more diverse number of undergraduate schools represented in the entering class. The Jefferson freshmen come from 91 different colleges and universities. The largest number of first year students this past year came from the University of Pennsylvania, the Pennsylvania State University, Muhlenberg, the University of Scranton, Notre Dame, the University of Delaware, Harvard and Villanova. The entering class has a Mean Science GPA of 3.49 and a Non-Science GPA of 3.56. Both are above the national mean for all entering medical students. The mean MCAT scores also were above the national mean and were 10.6 in Biology, 10.4 in Chemistry, 10.5 in Physics, 10.3 in Science Problems, 9.3 in Reading and 9.5 in Quantitative.



Gerald J. Herbison, M.D., Professor of Rehabilitation Medicine (left) and Dr. Bacharach review application.



The Wednesday lunchtime meeting of the Committee lasts two and a half hours, following the welcome talk with candidates.

interview allows the student to explain and elaborate upon any unusual or special aspects of the application or to detail factors such as personal or family illness, financial problems and interpersonal conflicts which might have adversely impacted upon the grades. The college academic record although not a reliable measure of intelligence is still considered to be a good predictor of the level of academic achievement during the first two years of medical school. The grade point average is a measure of performance at academic tasks and of academic preparation. There is less agreement on the correlation between college grades and performance during the clinical years of medical school. A good academic record is of value also, as a reflection of motivation, mature judgment, dedication and self-discipline. Recently, there has been much interest in the quality of the baccalaureate education of students preparing for a career in medicine. This largely is a result of the Report of the Panel on the General Professional Education of the Physician sponsored by the Association of American Medical Colleges rather than concentration only on the science grade point average.

The GPEP study recommends that every student be required to "achieve a baccalaureate education that encom-

passes broad study in the natural and the social sciences and in the humanities" regardless of the major or career objectives. Admissions Committees have been encouraged to avoid over-emphasis on science grades and the Medical College Admission Test science subtests. The students are encouraged to avoid preoccupation with demanding science courses which they think they need to get into medical school. Studies in the social sciences and in the humanities are considered essential for the broad education of all students.

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"active, independent problem solvers." Our admission requirements—as well as the curriculum—are continually reviewed and modified to keep Jefferson in the forefront of medical education.

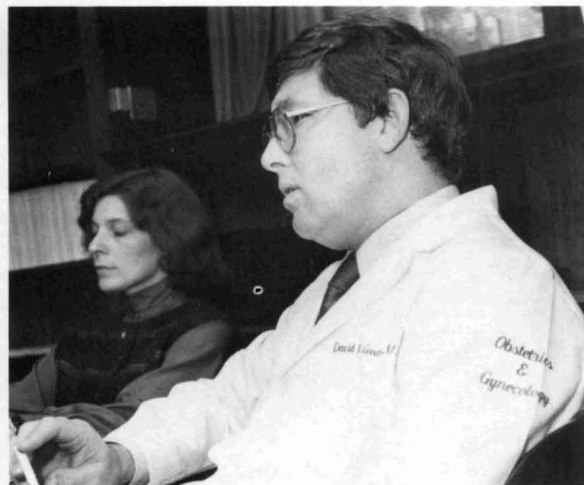
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Special Programs

In 1984 Jefferson Medical College, for the eleventh year, participated in



Charles Panos, Ph.D., Professor of Microbiology (left) and James M. Hunter, M.D. '53, Clinical Professor of Orthopaedic Surgery



Linda M. Sundt, M.D. '74, Clinical Assistant Professor of Anesthesiology and David M. Goodner, M.D., Clinical Associate Professor of Obstetrics and Gynecology

the *Early Decision Program* (EDP). The Early Decision Program is designed especially for strong candidates who know for a certainty that Jefferson is their first choice for medical school. EDP applicants must apply before August 1 and are notified of the Committee's decision before October 1. A student applying for this program is permitted to submit only one application to the school of choice and agrees to attend that school, if selected. Admission through the EDP can greatly reduce the financial and psychological costs of applying to multiple medical schools. The better applicant may be accepted before beginning the senior year thus eliminating anxiety and worry throughout that year.

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(*DIMER*) and Jefferson. The cooperating partners of this program are: University of Delaware, Wilmington Medical Center and Jefferson Medical College. Participants in the Jefferson-Delaware program serve a major portion of their clinical clerkships at Delaware hospitals affiliated with Jefferson. The selection of students from Delaware is made by a Committee composed of representatives from the Jefferson Committee on Admissions and from the University of Delaware using the same criteria of excellence as the selection of all students for Jefferson.

All applicants must be bonafide residents of the State of Delaware, according to the same criteria as in effect at the University of Delaware. Financial assistance, based on need, is available in the form of grants and loans administered by the Delaware Academy of Medicine.

Matriculants through the *DIMER* program comprise about nine percent of the entering class each year. In 1984, Jefferson received 67 applications for the *DIMER* program and 20 students matriculated in the freshman class.

The *Physician Shortage Area Program* was designed to recruit students for medical school who plan to enter family medicine and to practice in physician shortage areas, especially in

rural communities of Pennsylvania. As part of this program, an affiliation with Indiana University of Pennsylvania was developed and the Cooperative Jefferson-Indiana University of Pennsylvania Medical Education Program was established to improve the distribution of physicians in Pennsylvania and to increase opportunities for rural Pennsylvanians to practice family medicine in shortage areas.

Selective consideration for admission and preferential treatment for financial aid are given to students who certify an intention to adhere to a plan of training and practice which includes the family medicine curriculum during undergraduate medical education; a three-year family medicine residency training program, and then, the practice of family medicine in an underserved area. Many of those applying for the program actually reside, at the time of application, in the underserved areas in Pennsylvania where they expect to practice.

Full time faculty members in the Department of Family Medicine are assigned as advisors to the PSAP students. These students expect to take their required family medicine rotation at either the Latrobe Area Hospital or Franklin Hospital and to take their senior outpatient sub-internship in family medicine.

Jefferson Application Data Since 1954

<i>First Year Class</i>	<i>Nationally Number of U.S. Medical Schools</i>	<i>Individuals Filing Applications</i>	<i>First Year Students</i>	<i>Jefferson Individuals Filing Applications</i>	<i>First Year Students</i>
1954-55	81	14,538	7,576	1,835	175
1955-56	82	14,937	7,686	1,795	176
1956-57	85	15,917	8,014	1,834	178
1957-58	85	15,791	8,030	1,748	178
1958-59	85	15,170	8,123	1,605	175
1959-60	85	14,952	8,173	1,489	177
1960-61	86	14,397	8,298	1,334	176
1961-62	87	14,381	8,483	1,252	176
1962-63	87	15,847	8,642	1,377	175
1963-64	87	17,668	8,772	1,739	178
1964-65	88	19,168	8,836	2,322	176
1965-66	88	18,703	8,760	2,144	176
1966-67	89	18,250	8,991	2,037	176
1967-68	94	18,724	9,473	2,308	186
1968-69	99	21,118	9,863	2,777	192
1969-70	101	24,465	10,422	2,984	192
1970-71	103	24,987	11,348	3,339	212
1971-72	108	29,172	12,361	3,194	212
1972-73	113	36,135	13,677	3,880	223
1973-74	114	40,506	14,159	4,446	223
1974-75	114	42,624	14,763	4,914	223
1975-76	114	42,303	15,295	4,688	223
1976-77	114	42,155	15,269	4,560	223
1977-78	121	40,557	15,522	4,590	223
1978-79	125	36,636	16,054	4,164	223
1979-80	126	36,141	16,301	4,042	223
1980-81	126	36,100	16,590	3,751	223
1981-82	126	36,727	16,644	3,760	223
1982-83	126	35,730	16,567	3,631	223
1983-84	127	35,200	16,480	3,397	223
1984-85	127	35,944	16,395	3,718	223

Admissions Data on Sons and Daughters of JMC Alumni

<i>Year</i>	<i>Number of Applicants</i>	<i>Number Offered Acceptance</i>	<i>Number Matriculants</i>
1974	100	51	38
1975	68	46	46
1976	97	53	45
1977	88	41	31
1978	88	48	37
1979	85	48	33
1980	91	49	41
1981	70	51	41
1982	74	45	36
1983	62	41	29
1984	65	47	38

Last year, 18 students matriculated through the Physician Shortage Area Program. The shortage area counties to which the selected students will return are: Cambria, Centre, Clinton, Greene, Indiana, Laurence, Lycoming, Northumberland, Schuylkill, Venango, Westmoreland and Wyoming.

Through a *Minority Admissions Program* Jefferson welcomes applications from well-qualified students and actively recruits minority applicants through the special efforts of James H. Robinson, M.D., Associate Dean for Student Affairs. Dr. Robinson sends approximately 500 letters each year to minority students throughout the country encouraging their application to Jefferson. He visits students and college campuses to recruit minority applicants for Jefferson. Minority applicants include American Blacks, Mainland Puerto-Ricans, Mexican-Americans, American Indians, and white socio-economically disadvantaged students.

Minority admission data at Jefferson reflect a fluctuation from year to year in both applicant pool and matriculants. Many minority applicants find the expenses of attending a private medical school, such as Jefferson, very difficult to meet.

In 1984, we received applications from 169 minority students; 46 were interviewed; 32 were offered acceptances but only six students matriculated in the freshman class. There are

presently 40 minority students in attendance at Jefferson.

The Jefferson-Penn State Accelerated Program began in 1963 as a cooperative effort between The Pennsylvania State University and Jefferson Medical College. Formerly a five year program, students now earn both the B.S. and M.D. degrees in six calendar years after graduation from high school. Students spend the first two calendar years at the University Park Campus of Penn State and, then, come to Jefferson Medical College for the regular four year curriculum.

To be considered for the cooperative program, applicants must be in the highest tenth of their high school class and present an SAT total score of 1320 or higher. Most of these applicants are first or second in class standing and have taken advanced courses.

Students are required to maintain a minimum grade point average of 3.5 in both science and non-science courses while at Penn State, with a demanding academic schedule.

Admission decisions are made by the Joint Admissions Committee of the Pennsylvania State University and Jefferson Medical College after the regular interview conducted at Jefferson. We receive 175 applications a year to this program from throughout the country. Approximately 40 students are offered admission to the combined program.

Although the five year combined program was unique at the time of its inception, there are now 16 similar accelerated programs throughout the country and others are in the process of development. All of the current programs are, essentially, combined six year programs.

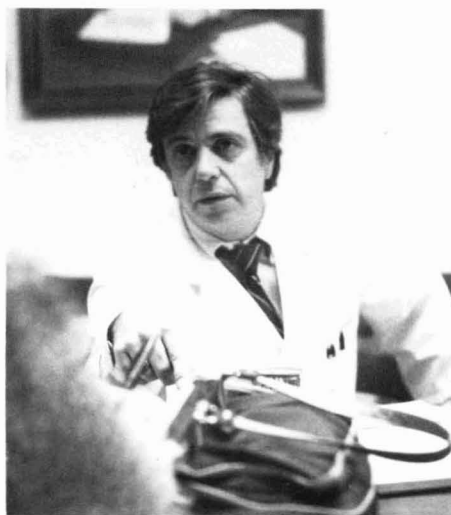
Due to the change from terms to semesters at Penn State, there were not accelerated students matriculating as freshmen at Jefferson in 1984 for the first time in 20 years.

A combined *M.D.-Ph.D. Program* is offered jointly by Jefferson Medical College and the College of Graduate Studies of the University. The program is designed for students who wish to prepare for a career in medical research. The requirements of the combined program can be met in approximately six years. The students matriculate for the first two years in the medical school and then take the two year Ph.D. program in the College of Graduate Studies before resuming the medical school curriculum for the last two clinical years.

In addition to completing all requirements for the M.D. degree, the students are required to take graduate level courses, and under the supervision of a faculty member, conduct experimental work leading to a doctoral dissertation. A variety of research opportunities are available both in the basic science departments and in several laborato-



*O. Dhodanand Kowlessar, M.D.,
Professor of Medicine*



*Joseph A. Zeccardi, M.D., Clinical
Associate Professor of Surgery and
Pediatrics*



*Hyman Menduke, Ph.D., Professor of
Pharmacology (Biostatistics)*

ries of the clinical departments. The fields of study include biochemistry, cardiovascular research, developmental biology and teratology, experimental cancer research, immunology, microbiology, neurosciences, pharmacology, and toxicology, and other areas of research offered by the basic science departments.

This past year a limited number of applications for *Transfer Students* for the third year class were considered, for compelling reasons, from students who were completing satisfactorily the first two years in an accredited United States medical school.

Transfer students are considered for admission into the third year class if they have completed academic courses and other conditions which are required of all Jefferson students. This means the student must have successfully completed Part I of the National Board of Medical Examiners and must have completed a series of basic science courses comparable to those given at Jefferson. An application for transfer must be acted upon favorably by the Committee on Admissions first, and then reviewed by the Committee on Student Promotions to determine the class assignment. A special evaluation of the candidates' clinical knowledge and skills is usually required in addition to determine if the student is prepared to handle the clinical work of the third and fourth years.

In 1984, we received 22 applications

for transfer into the third year class. Three students were matriculated into that class from the University Central del Caribe, Cayey, Puerto Rico and the University of Medicine and Dentistry of New Jersey.

A Message to the Alumni

As has been pointed out by Dr. Conly in previous articles in this Bulletin, the sons and daughters of Jefferson Alumni receive the closest attention and consideration possible by the Admission Staff and from the Committee on Admissions. Data regarding the Alumni offspring applicants is shown in the table.

If the prospects for admission are marginal, the Admissions Office is available to counsel applicants on ways of improving the situation such as taking additional course work or repeating the MCAT's. If the academic record is well below the Jefferson standards and indicates a real risk of future difficulty at Jefferson, applicants may be advised to possibly reconsider their career objectives more realistically. In some cases where the credentials seem to be too far below the competitive level, interviews are usually not offered to avoid raising the hopes of the applicant where the chance of acceptance is not realistic. A counseling session is always available even when a formal interview may not be offered. Unfortunately, some alumni

find it difficult to accept disappointing news that either their offspring or the applicant whom they have recommended has no realistic chance for acceptance and they still insist that an interview be offered. Jefferson is willing to accommodate these requests, although an applicant may be more discouraged by rejection after an interview which was extended only as a courtesy to an alumnus. This office receives several hundred letters of recommendation each year from alumni and welcomes comments concerning the personal qualities of applicants. We request, however, that these physicians realize that it is not possible to interview everyone recommended by a Jefferson alumnus. Many of the best students and finest graduates are alumni offspring and the Admissions Office will continue to welcome applications from students with alumni and faculty relatives. Special consideration will continue to be extended, whenever possible, for an interview and acceptance into the first year class. This consideration will be given regardless of the state of legal residence if the academic record indicates that the student can be expected to successfully complete the increasingly difficult and expanding medical school curriculum. Even though the competition for places in the medical school remains high, the offspring of an alumnus will continue to find that Jefferson is the best place to apply.



Armando A. Mendez, '85. Elizabeth M. Craven, M.D., Clinical Associate Professor of Pediatrics and Joseph F. Majdan, M.D., Instructor of Medicine



Walter R. Edmunds, D.D.S., Clinical Assistant Professor of Otolaryngology

The Jefferson Scene

dean's message

The 1982-1983 academic year was described as "a year of transition." It can be stated that we continue to be in a state of transition. We are experiencing rapid and obvious changes as a result of the decline in funding sources, and pressures applied by many groups concerned with the social and economic aspects of medicine.

Change, that ever present constant, has forced us to assess carefully our strengths and our weaknesses. Many external forces bear upon our educational programs. Our best response to external forces impacting upon us is to devise constructive ways to make the necessary changes. There are also other changes we want to make on our own initiative to meet the challenges of today and tomorrow. Jefferson, being rich in tradition and human resources, can channel its energies into positive activities. An active research unit in education and a sound data base enable us to evaluate current circumstances and initiate appropriate changes in all aspects of our program.

In addition to the problems imposed by decreased Federal funding for medical education and the increased competition for research funds, we must cope with the effects of the Diagnosis Related Groups method of reimbursement. It would be a mistake to think that the effects of the DRG's will be limited to the clinical activities of the hospital only, and that they will not impact upon medical schools as well. Patterns of patient care will change. This may

lead to changes in career opportunities for young physicians. Sensing this, students have already expressed interest in receiving career counseling and are quite concerned about finding appropriate residencies in their areas of interest.

Aside from the funding problems, pressures are being applied by other groups focusing on issues which will affect the educational process in medical schools. In a recent AMA report, "Future Directions for Medical Education," the need for broad premedical education was emphasized and early specialization was discouraged. Greater attention to the social aspects of medicine, especially medical ethics, is being demanded of the medical schools.

The Association of American Medical Colleges has circulated a document in which the importance of educating medical generalists is stressed. Questions concerned with the value of the National Board Examinations and other similar matters continue to be raised. These matters should be the concern of every faculty member, medical student and medical school administrator.

Jefferson anticipated many of the issues now receiving national attention and began to develop its own means of dealing with some of them. The Medicine and Society Course has been an essential feature of the freshman and sophomore curricula since 1972. This course has focused attention on many of the important social issues now being considered by others. Medical ethics have been addressed in the course, as well as other important

social aspects of medicine, such as the ability to communicate with patients and medicolegal problems faced by the physicians. This course, as all others, needs constant scrutiny and evaluation to further improve content and implementation of the program.

The Committee on Curriculum has discussed, during the past two years, changing the clinical curriculum to emphasize the importance of mastering the general aspects of medicine, and to discourage the students from concentrating on increasingly narrow areas of learning. A significantly revised clinical curriculum is being implemented in the 1984-1985 academic year. The students will continue to take advanced basic sciences in the clinical years.

There have been significant institutional changes worthy of mention. A Code of Professional Conduct, which has been under discussion for many years, was formulated and approved. It became effective in the fall of 1984. Implementing this code is consistent with Jefferson's concern for the social issues in medicine.

To increase the efficiency and productivity of our basic science divisions, the areas of research and graduate studies were reorganized under the direction of Jussi J. Saukkonen, M.D. The Office of Sponsored Programs Administration is now the Office of Research Administration and is directed by Joseph R. Sherwin, Ph.D.

The total number of federally-funded research grants rose by 40% (42 to 59), and the total dollar value of these grants increased by 24%, reaching its highest level in the last six years. Nonfederal projects increased by 18% to a record high of 85. The number of funded researchers grew from 81 to 96, a 19% increase. These figures suggest that the College has reversed the downward trend of the last few years in research support and, hopefully, this will increase productivity.

The University's Insurance Department completed negotiations of a group professional liability insurance program for physicians who participate in the practice plan. A significant discount was obtained from the underwriter and savings of approximately

\$500,000 per year are expected to be realized from this innovative program. In response to increasing interest in the use of computers in research and the educational program, a committee of faculty members knowledgeable about computers was created. This Advisory Committee on Research and Educational Computing reviewed data from a survey of all faculty members and made a number of specific recommendations to develop uses of computers at Jefferson. One was for a summer fellowship program in which medical students would be able to work with faculty members to prepare computer programs for medical education. Seven students and seven faculty members participated in such an experimental program during the summer vacation of 1984. The committee also identified a need for greater support to faculty members who want information about computers and assistance with their use. Finally, the committee suggested that computers be made available for use by students and faculty. The area in the Scott Library previously used for computer terminals will be renovated to accommodate micro computers which were installed during late 1984.

Jefferson, in spite of the many cut-backs in Federal funds, has remained financially sound. Although the 1984-1985 budget reflects the economic pressures, it realistically allows for healthy growth. While the overall growth of the Medical College's financial resources continued its gradual pace in 1984, a significant increase was made in the commitment of funds to academic programs. To continue this commitment in the coming years we will be required to give greater attention to increasing the productivity of our professional activities, including externally-funded biomedical research and the medical practice plan.

A number of steps are being taken in this academic year to open up lines of communication between the Office of the Dean and faculty, and between the Medical College and its affiliated institutions.

With the help of the faculty and others associated with our institution, we can respond quickly and positively

to those events which require change. Based upon our tradition, we can even anticipate changes and direct ourselves accordingly.

As your Dean, I am confident that we can build our faculty, develop our research and educate physicians who will bring honor to Jefferson and uphold the proud traditions of our profession.

pathology leader

Robert L. Breckenridge, M.D., FCAP, 'J44, is President-elect of the College of American Pathologists (CAP). Dr. Breckenridge, of Elmer, New Jersey, will serve as President-elect and Vice President until the 1985 Joint Fall Meeting, when he will become the 19th President of CAP. He has held many CAP memberships including Board of Governors, House of Delegates, Membership Committee, Program Committee, Finance Committee, Workload Recording Committee, Constitution and By-laws Committee, Chairman of the Medical Economics Committee, Chairman of the Multiphasic Health, Testing and Services Committee, Chairman of the Council on Communications and Membership Services, Intersociety Committee on Pathology Information Liaison, Intersociety Pathology Council Representative and Inspector for the Laboratory Accreditation Program.

Dr. Breckenridge has also held offices in other professional societies such as President and Vice President of the New Jersey Society of Pathology, President and Trustee of the American Pathology Foundation, President of the South Jersey Pathology Association and Board of Trustees of Elmer Community Hospital.

His current positions are all in New Jersey, including Director of Pathology for Elmer Community Hospital in Elmer and for Camden County Hospital in Lakeland. He is Consulting Pathologist at Salem County Memorial Hospital and Bridgeton Hospital, and Our Lady of Lourdes Hospital in Camden. Dr. Breckenridge is also an Honorary Clinical Professor of Pathology at Jefferson Medical College.

alumni president

"Positive" is a word which aptly describes John R. Prehatny, M.D. '57, the new President of the Jefferson Medical College Alumni Association. He thinks positively about his profession, his family and his new position. Especially, he is positive about Jefferson, about the model she is and should be to other health care institutions and about the young men and women she educates and turns into the world.

Dr. Prehatny has been a member of the Executive Committee for many years, becoming Vice President in 1978. His goals for his year in office primarily include developing the strengths, minimizing the weaknesses, and correcting them where possible, and streamlining the committee structure. He feels we have to take some risks to keep up with the times; he wants the help of the 8000 alumni whose talents are "under-utilized" in his opinion.

The new President wants everybody everywhere to know about Jefferson. "We are very well known locally," he said, "but I would like to see Jefferson have a national reputation, an international reputation. I met a few surgeons out in California at the annual meeting (College of Surgeons) who were from Long Beach and very well known on the West Coast. I had never heard of them, and they didn't know very much about the 200 Jefferson alumni who attended the meetings." He'd like to change that.

Dr. Prehatny would like to see more outreach—an "Alumni Professor of International Medicine or Surgery" to extoll her virtues around the world. He was pleased to see both Gerald Marks '49, in his symposium in Italy, and Frederick B. Wagner '42, giving the lecture on William . Osler in England, have charted this course, and hopes to see the tradition continued.

"We've got so much," he said. "Jefferson should be the model, the flagship of this outreach." While he doesn't want to see Jefferson change, per se, he does want to see her grow and develop, and he wants to participate.



John R. Prehatny, M.D. '57

He may be Jefferson's proudest son. He was one of the last residents under the late John H. Gibbon, Jr. '27, and was personally recommended by the late George J. Willauer '23, who said there was always room for a good surgeon.

He has been a good surgeon, with a practice in South Philadelphia, for over 20 years. He serves as Chairman of the Department of Surgery at Methodist Hospital designing programs, administering and teaching medical students and residents. He works extensively with the residents and feels they should learn by example. "We all take part in the development and growth of students

—only we do it better at Jefferson." Since surgeons are sometimes criticized for their lack of a personal touch, he has made that his aim: to put fewer people between the patient and the physician, and to personalize medicine by emphasizing the treatment of the patient, not just the treatment of the disease. He feels that Francis E. Rosato, Samuel D. Gross Professor of Surgery and Chairman of the Department at Jefferson, is working toward that end.

Dr. Prehatny has been writing a book, *Surgical Pearls*, for several years now, and feels he might finish it shortly because of the new word processor in

his office. A student and collector of great thoughts and aphorisms, he is assembling those which particularly pertain to surgeons. Two from Albert Schweitzer seem appropriate although they are universal: "He is most happy who has sought and found his way to serve," and "If you have something difficult to do, don't expect people to roll stones out of your way."

Every six months he takes stock of himself, where he is and what he is doing. "People my age were programmed to stay in the same profession all our lives," he said, "and that's what we've done. Our children will probably go through three or four careers in their working lifetime." He thinks that's good, and says he might go into consulting a few years down the road when "everybody's out of college."

"Everybody" means his five children, three of whom are out of college, although son John, Jr., may be going back. An accomplished musician, he was majoring in music and computers at West Chester University when he left to join the Navy. Sure now that he doesn't want a career there, he may pursue his studies after he is discharged.

According to their father, all the Prehatny children are multi-talented. His oldest daughter, Charlene, is married and the mother of two children, the first of whom she presented to him on his own birthday. "Quite a present," he smiles. Linda, the middle child whom he refers to as his "Southern Belle," was born in Virginia while he was stationed in the Air Force. She graduated from Fordham, and is a broker on Wall Street, but she aspires to modeling, acting and songwriting.

Lorraine is a junior Communications student at Villanova—another artistic, creative one, and Barbara is a freshman at Providence College studying to be a veterinarian. Her proud parents traveled to Rhode Island to watch her play volleyball in the Big East Tournament in November. Although Dr. Prehatny plays the piano, clarinet and saxophone, he insists that the children got their talent and spark from their mother, Helene, who "provides the light touch."

A "transplant" from Hazelton, Penn-

sylvania, Dr. Prehatny has lived in the Philadelphia area for the 31 years since attending Penn State. As a student at Jefferson, ready to plan for his future, he was hesitant to go into surgery because he thought there was a surplus of surgeons. Dr. Willauer placed a phone call to Dr. Gibbon and said, "We've got a good pair of hands here," and that decided it. He is a general, thoracic and vascular surgeon at Methodist and Jefferson, with an appointment as Clinical Professor of Surgery at JMC.

Dr. Prehatny is a Diplomate of the American Board of Surgery and a Fellow of the American College of Surgeons. Other memberships include Philadelphia County, Pennsylvania Medical Societies, the American Medical Association, the Jefferson Blockley Surgical Society, the Rotary Club of Philadelphia, and many other medical and civic associations. He serves on the Board of Governors of the Volunteer Faculty at Jefferson and on the Dean's Committee for the Rehfuess Lectureship. In 1979 he received the Legion of Honor Award from the Chapel of the Four Chaplains, and he is active in the Holy Ghost Catholic Church in South Philadelphia.

"Inner rewards are the by-product of service," he says, and looks forward to this year of service, hoping to expand Jefferson's national and international reputation through her interested and generous alumni.

insurance plan

One of the services offered to Jefferson Alumni by the Association is an insurance program encompassing a Group Term Life Program, a Major Medical Plan and, now, a new Disability Income Plan. An outstanding advantage of the new disability plan is its flexibility; it allows each member to tailor benefits to fit both need and pocketbook.

Designed to protect against either sudden or prolonged loss of income, two plans are available. The Basic (short term) Plan provides up to \$5000 a month for up to one year. The Extended (long range) Plan provides benefits after one year. Should disabili-

ty occur before age 50 it provides up to \$5000 a month for life. Together these plans offer complete coverage; used separately they supplement existing protection.

These new Disability Income Plans join the \$250,000 Group Term Life Program with its special discounts for volume and qualified non-smokers, the \$1 million Major Medical Plan with its choice of \$500, \$1000 or \$5000 deductibles, and our Medicare Supplement Program for members attaining age 65.

These plans are endorsed by the Association and combine comprehensive coverage with low group rates. Brochures detailing benefits and Plan provisions are available by contacting the Plan Administrator, Association Underwriters of America, Inc., at Executive Plaza, Fort Washington, or the Alumni Office.

nobel laureate

Dr. Linus C. Pauling, winner of unshared Nobel Prizes for chemistry and for peace, inaugurated the new Division of Nutrition at Jefferson with a lecture in McClellan Hall in November. The Division will be directed by Steven R. Peikin, M.D. '74, and Stanley N. Cohen, M.D.

Dr. Pauling, who may be best known for his treatise, *Vitamin C and the Common Cold*, lectured on "The Application of Basic Science to the Study of Nutrition." Dr. Peikin introduced Dr. Pauling as "a towering figure in the world of science" who received his first Nobel Prize in 1953 for research into the nature of the chemical bond, and the second in 1963 for his significant efforts towards a nuclear test ban treaty between the United States and the Soviet Union. He also participated in the research leading to more information on sickle cell anemia. He captivated the large audience in McClellan Hall with the volume of his knowledge, the daring of his experiments and the still-evident wit. The 83-year old Nobel Laureate is a vital figure in science to this day.

The Jefferson Nutrition Program offers a multi-disciplinary approach to the treatment of obesity and other

nutritional disorders. Dr. Peikin, Associate Professor of Medicine and Acting Chief of the Division of Gastroenterology, has received national recognition for his research in hormones and the control of food intake. He will work with Dr. Cohen, Clinical Associate Professor of Medicine, to individualize treatment programs for the specific needs of people of all ages.

The new program will offer individual and group psychotherapy, behavior modification and improvements in self-image, as well as nutritional education and general outpatient counseling. Also focusing on continuing education, the program will sponsor seminars, such as the November 14 Pauling presentation, throughout the coming year.

cytology award

The most recent recipient of the Papanicolaou Award of the American Society of Cytology (ASC) is also the new President of the Society and a very familiar Jeffersonian. Warren R. Lang, M.D. '43, the first Gonzalo E. Aponte Professor of Pathology and Chairman of the Department, took office at the Annual Meeting in Atlanta in November. Dr. Lang had served as Secretary-Treasurer of the Society for 22 years.

The award is named for George N. Papanicolaou, "the Father of Cytology," and the first in the United States to publish discoveries of cellular changes in the female genital tract. The "Pap smear" has been the definitive method of detecting cancer for 40 years. The award is presented annually to the pathologist selected by the Awards Committee of the Society in recognition of meritorious contributions to the field of cytology.

Dr. Lang practiced obstetrics and gynecology for 20 years after graduating first in his class at Jefferson and receiving 11 of the prizes given at Commencement Exercises. In 1969, he decided to change his primary appointment to pathology, a decision encouraged and supported by the late Dr. Aponte, then Chairman of the Department. Dr. Lang took two years residency at Jefferson and a year at Case

Western Reserve. His teaching and research have extended over many years, with more than 200 papers published on colposcopy, vaginitis, pediatric gynecology and cytology.

Dr. Lang says pathology is basic to all medical specialties. He combines his two areas of expertise by giving special emphasis to the pathology of the female genital tract. He was among the first physicians in the United States, in the early 1950s, to reintroduce colposcopy, the examination of the cervix by means of an endoscope; this, when his primary appointment was in obstetrics and gynecology. Colleagues at that time were Gabriel Tatarian, M.D. '52, and the late Chairman of the Department of Obstetrics and Gynecology, Lewis Scheffey, M.D. '20.

Dr. Lang is Medical Director of the School of Cytotechnology in the College of Allied Health Sciences (CAHS), where he teaches candidates for the Bachelor of Science Degree in Cytotechnology; he also directs the teaching of pathology to medical students.

He is currently Editor and Chairman of the National Check Sample in Cytopathology, and a member of several national committees for pathologists. He is a Fellow of the American College of Obstetricians and Gynecologists, International Academy of Cytology, American Society of Clinical Pathologists, and the College of American Pathologists, among many other societies.

Dr. Lang presents workshops and lectures all over the country. His lecture style and rapport with students was rewarded in 1977, when he received the Christian R. and Mary F. Lindback Award for Distinguished Teaching. He is thrilled with the Papanicolaou Award, saying that after the Aponte Chair, it is the best thing that has ever happened to him.

rehfuss lecture

Professor Dame Sheila Sherlock, internationally regarded pioneer in the natural history of viral hepatitis and the pathophysiology of liver diseases, spoke to a large audience in McClellan Hall on November 1. Introduced by Associ-

ate Dean for Student Affairs, Carla E. Goepp, M.D., Chairman of the Rehfuß Lecture Committee, and Willis C. Maddrey, M.D., Magee Professor of Medicine and Chairman of the Department, and an expert in the field of liver diseases, Dame Sheila spoke on "Hepatology by the Year 2000." Statistics and predictions highlighted her slide presentation.

Dame Sheila is Professor and former Chairman of the Department of Medicine at the Royal Free Hospital School of Medicine in London. She is presently editor of the *Journal of Hepatology* and author of *Diseases of the Liver and Biliary System*, currently in the Sixth Edition and translated into German, Greek, Italian, Japanese, Portuguese and Spanish. She has authored and co-authored articles published in the leading basic science and clinical journals of the field; her landmark scientific pursuits have become synonymous with hepatology. Although Dr. Maddrey was introduced as Dame Sheila's colleague, he described himself as "her student for 25 years. We can call Dame Sheila the best liver doctor in the world," he added.

The Annual Martin E. Rehfuß Lecture was created and endowed by the Percival E. and Ethel Brown Foerderer Foundation in honor of the late Dr. Rehfuß, Professor of Clinical Medicine at Jefferson, and the Foerderer's personal physician. In presenting the Rehfuß Medal to Dame Sheila, Frederic L. Ballard, Esq., retired Chairman of the Board of Trustees and a Trustee for the Foerderer Foundation, said that the award was particularly meaningful because it represented the best in doctor-patient relationships.

ballard retires

Frederic L. Ballard, Esq., corporate attorney and senior partner in the old Philadelphia law firm of Ballard, Spahr, Andrews and Ingersoll, sat in his sunny corner office on the 19th floor of the United Engineers Building, wearing a blue shirt and bright red suspenders, thinking about the seven years he served on the Board of Trustees before recently stepping down.

"The main purpose of the Chairman, as I see it, is to preside over the Board meetings and maintain relations between the Board and the Administration," he said, "not run the University."

Mr. Ballard tried during those seven years to make the position of Chairman one which a busy lay person could perform without being totally immersed. "I would like to see the University personified by its President," he said, "not by its Chairman." Jefferson went through a phase of recruiting national figures to serve on the Board, and it's an attraction, but they have found that local and regional people are fine leaders and are willing to give more attention to Jefferson's concerns. He is pleased with his success in narrowing the Chairman's role to something manageable and hopes his successor, Edward C. Driscoll, elects to do the same.

In listing what he considers his prime accomplishments, he is quick to say they have nothing to do with bricks and mortar. High on his list comes the extremely compatible working relationship between President Bluemle and himself, and he feels that communications all around have been improved. "The Board understands what the President is doing," he said.

Secondly, he remarked on the "quality of the Board's own deliberations, discussions, dealings and decisions." There is participation and the Board is functioning well. Although there is a gradual rotation of Board members, "you come to find out what the rules of his club are, and a tone is set around the table."

Mr. Ballard hails the freedom of discussion which characterizes the Board. "There is a willingness to express views," he said; "the quality of discussion is much better."

In answer to the premise that this speaks well of his leadership, he replies, "My background is law—we live on discussion. We live on putting forward ideas to see whether other people agree with them. The notion of the "first draft" is very real. Probably not one word of it will survive. Lawyers are used to being questioned, used to

having their ideas challenged; basically, lawyers are willing to discuss anything."

Thirdly he says, "Without question, the clarity of our financial reporting and financial controls, partly due to Bill Bluemle and partly due to Mike Bradley, goes beyond recognition. This helps attract willing and active members to the Board, also."

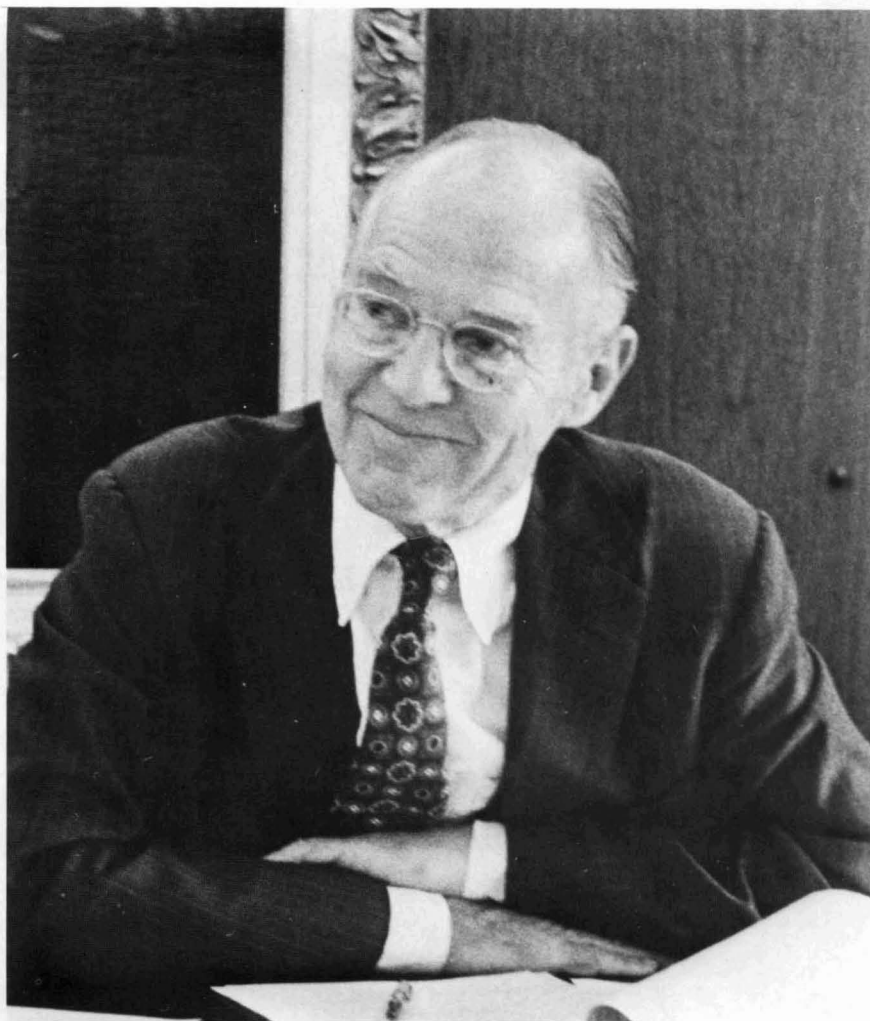
While he served on the Board, but before he was Chairman, Mr. Ballard saw Jefferson evolve from a medical college to a university, which he says increased the reputation, stature and prestige of appointments. "I think the late President Herbut expected a full-fledged university—I know he wanted a dental school. Personally, I like to think of Jefferson as an academic health care center, and I'm pleased with the range of offerings."

In order to see where Jefferson is heading, he said, you would have to look at the Master Plan. "Basically, it says Jefferson is not looking to make radical changes. We have so many assets and so many strengths, the last thing we want to do is rock the boat or change course abruptly. At the same time, we would like to upgrade academic science and research."

"It's a temptation for any big school to become a trade school, to lose contact with science. It's especially so for a big school like ours, with a relatively small scientific component. Without the nucleus of true scientists—and they are expensive—you begin to lose contact with what's developing in your field. It's a terrible temptation, for any institution, not to maintain contacts. If it isn't directed, totally," he said, holding one hand up and drawing the other to it, "it could slide the other way and become workaday."

Taking all this into consideration, what are his hopes for Jefferson? "We have to be as good as we say we are."

What has Jefferson done right that she enjoys such loyal support from her alumni? "Our alumni are physicians and we're still running a physician's institution," he said simply. "We started out producing practicing physicians and we are still producing practicing physicians. They sense that. Changes



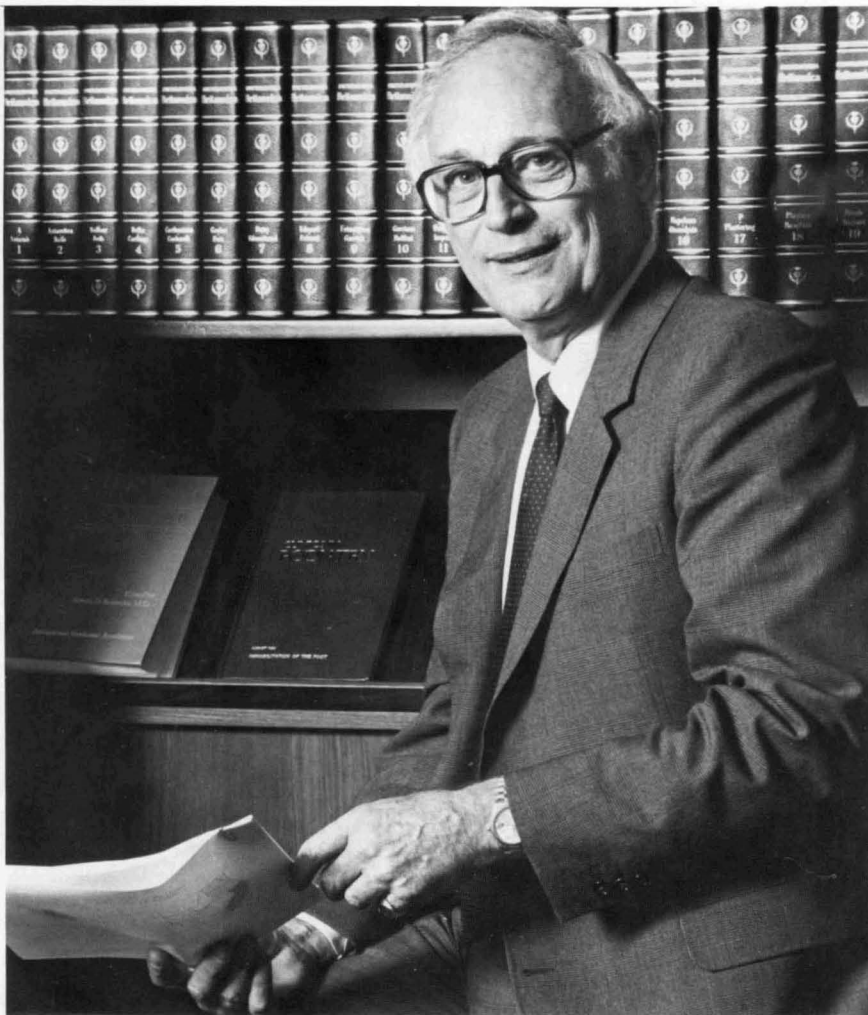
Frederic L. Ballard, Esq.

are steady and well considered; there is devotion to the same ideals.

"We always have a very good quality of graduate," Mr. Ballard continued. "The national applicant pool is drying up, bearing out what other colleges have experienced, but we're bucking the trend. Credit for that goes to the huge number of practicing physicians we have out in the field. Kids in town, neighborhoods, suburbs...if they have any inkling they want to be a doctor, chances are better than with any other medical school, that their local doctor will be a Jefferson graduate."

"The same goes for the hospital. The number of referring physicians who are Jeffersonians, and who still think we are running a good hospital, are a tremendous asset to the University." He noted that a graduate of an obscure

medical school somewhere else, but practicing here, would be jealous of the links, referrals and information his or her Jefferson colleague would enjoy. He thinks the reason for this enormous network is that "we've been around a long time, we've been big a long time, and we've been turning out clinicians as distinguished from researchers." Mr. Ballard received the Winged Ox Award at the President's Club Dinner in grateful recognition of his years of service to Jefferson. He was "totally surprised, touched and overwhelmed." The statue, given only twice before—to the late Dean William F. Kellow and to Frank J. Sweeney, Jr., M.D. '51—spoke eloquently of the esteem in which the former Chairman is held. "The only thing to say at a time like this," he said, "is thank you."



Don Walker

Edward C. Driscoll

board chairman

Edward C. Driscoll succeeds Mr. Ballard as Chairman of the Board of Trustees. Mr. Driscoll is Chief Executive Officer of the L.F. Driscoll Company, a well-known Philadelphia construction company.

Mr. Driscoll has been a member of Jefferson's Board of Trustees for the past 10 years. Prior to becoming chairman, he was Vice-Chairman of the Board. Previously, he chaired the finance committee and health affairs committee. In addition, Mr. Driscoll was a member of the capital projects committee, Thomas Jefferson University Hospital that was responsible for the renovations of the Foerderer Pavilion and Thompson building.

"Mr. Driscoll is superbly qualified to take on his new responsibility," said

Mr. Ballard. "His years of service on the Board have given him detailed knowledge of this institution. In addition, his business and civic experiences will provide him with the excellent background he will need to meet the challenges of the future."

"In my view," said Mr. Driscoll upon accepting his new position, "the major challenge in the 80's will be to see that Jefferson is able to adapt to and grow in the rapidly changing climate created by government's active involvement in and announced intention to control and reduce costs in the interrelated fields of health care and medical education." In addition to his interest in Jefferson, Mr. Driscoll serves the community in various capacities. He is a Trustee of Children's Heart Hospital, a member of the advisory council of Wills Eye Hospital, a member of the Chief Executives Forum, an arbitrator for the

American Arbitration Association and a Trustee of International House. He is also a Director of the Provident National Bank, the library company of Philadelphia, the General Building Contractors Association, Inc., and the Center for the Study of Aging at the University of Pennsylvania.

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The Board of Trustees welcomed three new members at its October meeting. Paul A. Bowers, M.D. '37, Emeritus Professor of Obstetrics and Gynecology, will serve as Alumni Trustee. He served as President of the JMC Alumni Association in 1973.

Jack Farber is Chairman, President and Chief Operating Officer of Philadelphia Industries, Inc., a private investment company. He is also Chairman and Chief Executive Officer of both the Banking Securities Corporation and Cities Stores Company, affiliates of Philadelphia Industries, Inc. Mr. Farber is also Vice President of the Philadelphia Chapter of the American Jewish Committee and a member of the Philadelphia Israeli Economic Development Program.

Brian G. Harrison, President and Chief Operating Officer, Franklin Mint Corporation, is a trustee of the International House of Philadelphia; Director of the Direct Marketing Association and of Junior Achievement of Delaware Valley, Inc.; Fellow, Royal Society of Arts; and member of the Institute of Metallurgists, American Society of Metals, Institute of Directors (United Kingdom) and the Young Presidents' Organization.

honors etcetera

Lewis W. Bluemle, Jr., M.D., University President, announced that TJU has received a three-year, \$718,597 grant from the W.K. Kellogg Foundation of Battle Creek, Michigan, for a project to identify inappropriate timing in the use of health services.

The project's principal investigator is Joseph S. Gonnella, M.D., Dean and Vice-President of JMC, Professor of Medicine and Director of the Center for Research in Medical Education and Health Care. The project involves the

use of "disease staging," a system that defines and classifies the progression of diseases into distinct levels of severity. Dr. Gonnella, in association with experts in various fields of medicine, has developed staging definitions for 426 diseases.

Robert H. Bradley, Jr., M.D., Clinical Assistant Professor of Urology, received the American Urological Association (AUA) Distinguished Service Award in honor of his "unremitting effort on behalf of urology and in particular, the AUA."

David M. Capuzzi, M.D. '64, has been appointed Professor in the Department of Biochemistry (secondary appointment).

Sang Yon Cho, M.D., has been promoted to Professor in the Department of Pathology at JMC.

Elizabeth M. Craven, M.D., has been promoted from Clinical Associate Professor to Clinical Professor in the Department of Pediatrics at Wilmington Medical Center.

Thomas D. Duane, M.D., Ph.D., Professor of Ophthalmology and former Chairman of the Department at JMC, received the Distinguished Public Service Award from the American Academy of Ophthalmology at its meeting in Atlanta. The award is presented to a person or organization that has contributed significantly to the cure or the prevention of eye diseases, and to the specialty of ophthalmology. Dr. Duane "has served ophthalmology admirably over three decades as researcher, author, teacher and advocate for the specialty of ophthalmology. His five-volume compilation of Clinical Ophthalmology and three-volume set of Biomedical Foundations of Ophthalmology have assured his place in ophthalmic history as the American version of 'Duke-Elder.'"

"Beyond these prestigious academic accomplishments, Dr. Duane also distinguished himself in his service to organized ophthalmology. He served through the 70's as Secretary of the Section Council on Ophthalmology of the American Medical Association and ended his service to the Council as its

Chairman in 1980. Dr. Duane received the Section Council's Lucien Howe Medal in 1981; this award is given in honor of outstanding contributions to ophthalmology, and has been awarded to only 12 individuals in the last 30 years.

"Dr. Duane served as Ophthalmologist-in-Chief of the Wills Eye Hospital for eight years, seeing it through its rebuilding and relocation prior to his retirement in 1982. He divides his time between Philadelphia and Fort Lauderdale."

Robert I. Fraser, M.D. '55, has been appointed Director for the Division of Public Health, Alaska Department of Health and Social Services. According to the Commissioner, Dr. Fraser has "an excellent educational background and over 25 years of experience in public health in Alaska. He is currently Chief of the Section of Communicable Disease Control in Anchorage, a position he has held since 1969. Because of his long-standing interest in communicable disease in Alaska, particularly in tuberculosis, Dr. Fraser will maintain control of the tuberculosis portion of the program, in addition to his new duties as Director." Dr. Fraser was Director of the Division of Public Health from 1976 to 1979, held concurrently with his position as Chief of Communicable Disease Control. He has also operated a U.S. Public Health Service Hospital in Kotzebue and was Chief of the Tuberculosis Control Unit of the Communicable Disease Division from 1964-1967. Dr. Fraser is an advocate of public health education and looks forward to Alaska being a health-independent oriented state.

Correction

David E. Rogers, M.D., President of the Robert Wood Johnson Foundation in Princeton, New Jersey, was a recipient in 1973 of an honorary Doctor of Science degree from Jefferson. Dr. Rogers was misidentified in the article on hospital funding in the Fall 1984 issue of the JAB. Sincere apologies for this error.

Walter G. Gunn, M.D., J.D., has been appointed Clinical Professor in the Department of Radiation Therapy and Nuclear Medicine.

Stephen A. Feig, M.D. Professor of Radiology, is editor of a book entitled *Syllabus for the Categorical Course on Mammography*, recently published by the American College of Radiology in conjunction with the Categorical Course on Mammography presented at the annual meeting of the College in Los Angeles in September. Dr. Feig was the Program Chairman for the 15 hour course which covered all aspects of diagnostic imaging of the breast for early breast cancer detection.

Stephanie W. Naidoff, Esq., University Counsel and Secretary of Thomas Jefferson University, has been promoted to the rank of Senior Officer. As University Counsel, Mrs. Naidoff is responsible for all legal services for the University. Prior to her appointment at Jefferson, she was Regional Attorney with the United States Department of Health and Human Services for the six-state Mid-Atlantic area. A graduate of the University of Pennsylvania Law School and a member of the Pennsylvania, District of Columbia and U.S. Supreme Court bars, she serves as Vice-President of the Board of Managers at the Law School, Vice President of the Board of Directors of Women's Way, and is a member of the Committee of Seventy and the Forum of Executive Women.

Robert A. Peterson, has been named Vice President for Finance at TJU. Mr. Peterson is a graduate of the University of Iowa and received his MBA from Portland State University. A Vice President for Administrative Services at the University of Arizona in Tucson at the time of his appointment, he also served as budget director and Vice President for Finance and Administration at the University of Oregon Health Science Center.

William E. Staas, M.D. '62, has had a title change from Clinical Professor to Professor in the Department of Rehabilitation Medicine.

savacool reception

At the reception October 12 to honor J. Woodrow Savacool, M.D. '38, Russell W. Schaedler pointed to "the Gross Clinic" hanging on the wall behind the podium and said: "The horrified mother on the left of the painting never would have been related to a Savacool patient. Dr. Savacool has far too much empathy, understanding and knowledge." Alumni will recall that the agonized mother is depicted with clenched hands held high, shielding her face as her son undergoes surgery in the amphitheater. Dr. Schaedler '53, who co-chaired the Savacool Committee with G. Russell Atkinson, both long time colleagues of the honored Professor, joined the other members of the Jefferson family to create the J. Woodrow Savacool Prize in Medical Ethics. It will be awarded for the first time to a senior at Class Day, 1985.

The Committee's decision to establish the Prize in Medical Ethics pleases the recipient's many family members, friends, colleagues, students and patients. In a Profile in the Spring 1973 *JAB*, he was depicted as a gentleman in the terms of Tennyson's "In Memoriam" and a physician with a reassuring sense of control to whom the practice of medicine is not a series of crises, but a rational evaluation of problems and a knowledgeable search for solutions. He considers teaching and the treatment of patients inseparable. "A physician is a teacher even without a faculty appointment."

Dr. Savacool's primary interest in medicine always has been diseases of the chest. He has served the medical community for numerous years both at Jefferson and the old Pine Street Hospital. A Clinical Associate Professor of Medicine at Jefferson since 1942, Dr. Savacool also serve as Consultant for the Section on Respiratory Disease Control of the Philadelphia Department of Health for 31 years until his retirement in 1972. During his outstanding professional career Dr. Savacool served as President of the Laennec Society of Philadelphia, the Pennsylvania Thoracic Society and the Pennsylvania Chapter of the American College of Chest Physicians.



Dr. Savacool with friends and family



Katharine R. Sturgis, M.D., greets her colleague



Russell W. Schaedler, M.D. '53, congratulates the recipient



The Savacool family

Family Center

*Dr. Finnegan and staff have made remarkable inroads
into the successful recovery
of pregnant addicted women and their "at risk" infants*

by Loretta P. Finnegan, M.D.



Dr. Finnegan

Perinatal problems secondary to psychotropic drug use and abuse are of relatively recent concern to physicians and other medical professionals. Obstetricians who treat large numbers of indigent pregnant women in inner-city clinics are well aware of the hazards of illicit psychotropic drug use; however, complacency still exists among far too many physicians. In view of the fact that many feel that, by the year 1990, addictive diseases will be the major health problem in America, there is a need for physicians to become more familiar with the problem. Statistics show that, over a one year period, as many as 25 to 30% of adult Americans will use a psychotropic agent, with a large percentage either prescribed by a physician or purchased "over-the-counter."

In addition, the use of illicit drugs or deliberate misuse of prescribed medications is also substantial. Heroin use is always a problem, but, because of the poor quality of drugs that are available, many addicts have become polydrug abusers. This is not surprising, since agents in the alcohol tranquilizer group are freely interchangeable and, when combined with narcotics, provide synergistic mood-altering effects.

Dr. Finnegan, Director of the Family Center, is Associate Professor of Pediatrics and Associate Professor of Psychiatry and Human Behavior at Jefferson.

A recent article on narcotic abuse published in the Wall Street Journal on November 29 points out the seriousness of the abuse of drugs today in the United States and how readily available illicit drugs are to our population of women. It stated that "most people in the drug field tend to use the government's estimate, fairly steady for a decade now, of about 500,000 regular heroin users, plus an unknown number of occasional users. Most research points to something over four million frequent users of cocaine, over half in the 18 to 25 age group, with anywhere up to eight to 10 million more occasional users. Current regular marijuana users are put anywhere from 20 to 30 million. In addition, several million men and women illicitly use such drugs as methaqualone, phencyclidine or PCP, amphetamines, barbiturates and others." In addition to the use of illegal agents which remains a major problem, approximately 10 times as many people are using legal drugs obtained illegally without a prescription.

Among the socially tolerated drugs, alcohol, which affects approximately nine million Americans, is the greatest problem. In New York City alone, alcohol is responsible for six times as many deaths as illicit heroin use. Another socially acceptable drug, nicotine, although known to be a major health hazard and capable of producing dependency, continues to be sold in ever increasing quantities. Caffeine-containing drinks are constantly consumed by almost all members of our society, despite recent evidence that caffeine is potentially harmful, particularly to the developing fetus.

Although the problems related to drug use are of concern to all physicians, the obstetrician/gynecologist must be made acutely aware of them because women use psychotropic drugs more frequently than do men. For each class of psychotropic drug, or for any given agent, women are almost twice as likely to be involved. For example, women comprise 60 to 65% of the entire psychotropic drug using population in New York State. A majority of the drug-abusing women are also of reproductive age and hence represent

a large pool of potentially pregnant patients.

Despite major efforts to alert pregnant women to the hazards of drug usage during pregnancy, gestational drug consumption remains considerable. A retrospective review of 911 randomly selected mothers found that 83% were taking prescribed medications during pregnancy, excluding iron supplements. The average number of prescribed drugs per woman was four. In addition to prescribed medications, self treatment was reported by 65% of the respondents. The most common reason for drug consumption was the relief of anxiety or pain. In a prospective study of middle to upper socioeconomic class women, 64% were found to have taken analgesics, 24% sedatives, and 5% narcotics at some time during pregnancy. A similar prospective evaluation of women of lower socioeconomic class revealed that over 20% of the women had positive urine drug screens at the time of delivery. The drugs found were barbiturates, salicylates and quinine. A study of pregnant adolescents revealed that 3% were using heroin or methadone, 8% barbiturates or other depressants, 10% marijuana, 50% cigarettes and 25% alcoholic beverages.

There is rapidly accumulating evidence that fetal drug exposure can lead to a wide spectrum of effects. The specific effect of any agent is determined by many factors, including the nature of the agent and its accessibility to the fetus, the gestational age of the fetus at exposure, the route and duration of exposure, the dosage of the agent, the maternal or fetal genotype, other drugs consumed simultaneously and environmental factors. In the recent past, only those agents resulting in gross structural deformities were considered to be teratogenic, e.g., thalidomide, aminopterin. More recently, however, fetal growth failure, neonatal behavioral abnormalities, and even prematurity have been described as secondary effects of drug exposure *in utero*, despite the absence of visible malformations.

Opiate dependence in pregnancy is overwhelming in its effect on the physi-

cal condition not only of the woman but also of the fetus and newborn infant. The vast majority of drug-abusing women neglect general health care and are therefore predisposed to a host of obstetric and medical complications which affect their well-being as well as that of the fetus. About 10% to 15% of these women have toxemia of pregnancy, and nearly 50% of the infants of women who are heroin-dependent with no prenatal care are premature. In addition to the increased chances of obstetric and medical complications, sociologic and psychologic disruptions are frequent. Psychologic issues known to occur include chronic anxiety, depression, lack of self-esteem and hope for the future, difficulties in interpersonal relationships and frequent episodes of violence.

The Program

In an effort to rehabilitate the pregnant drug-dependent woman and avoid morbidity and mortality in both mother and infant, Family Center, a comprehensive treatment program which includes both medical and addictive care, was begun in 1976 at Thomas Jefferson University Hospital under my direction. The philosophy of Family Center is that drug addiction has an impact not only on the woman, but also on the entire family. Lack of self-esteem, poverty, depression, single parenthood, conflicted relationships with spouses and/or partners and problems which originate in their families of origin are common to our patient population. A majority of addicted women do not have adequate educational or vocational skills to support themselves and thus increase their dependency on the welfare system.

Family Center is comprised of a multidisciplinary group of health professionals who have addressed themselves to identifying, documenting, preventing, limiting, resolving and evaluating the problems associated with the abuse of opiates and other psychoactive agents during pregnancy. Furthermore, the staff attempts to recognize, define and assess any long-term sequelae in the children born to women who abuse and/or are dependent on opiates,



Developmental Psychologist Karol Kaltenbach, Ph.D., tests a young patient and assesses the results.

opiate-like and/or non-narcotic psychoactive drugs.

The major goal, clinically, of Family Center is to provide high quality, comprehensive, non-residential, moderate-to-low dose methadone maintenance, or drug free multi-modality services for pregnant women who abuse and/or are dependent on opiates and/or non-narcotic psychoactive drugs. Available comprehensive services include a prenatal clinic at the University Hospital with obstetricians specifically trained in the field of addiction. Here, identification, prevention, limitation and reduction of maternal and infant morbidity is accomplished. These services are supervised by Dr. Ronald J. Wapner, '72, Director of Perinatal Medicine and Associate Professor of Obstetrics and Gynecology, along with Dr. Roger Coven and the obstetrical resident staff. Linda Lewis Lai, R.N., M.S.N., our perinatal nurse specialist, assists the obstetrician in the prenatal clinic and holds classes for the women on perinatal issues.

In addition to medical services, intensive psychosocial counseling is provided by the psychiatrist and counselors. Treatment modalities include individual, group and family therapy. Dr. Robert H. Smith, Associate Professor of Psychiatry and Human Behavior, provides the psychiatric evaluation and, when necessary, on-going therapy. Ms. Dianne O'Malley Regan, A.C.S.W. supervises the psychosocial counseling

with the assistance of Ms. Maria Dukes, M.H.S. and Ms. Linda Guerra, M.A. An on-site methadone clinic, approved and licensed by federal and state agencies (Food and Drug Administration and Drug Enforcement Agency), is provided. Prescribed and controlled methadone treatment in place of illicit drug use is dispensed by our registered pharmacist, Ms. Lois Green. Various administrative and technical services are accomplished by our registrar Ms. Lavinia Natale, secretary Ms. Patrice Lawn, and grant administrator Ms. Erlinda McCabe, M.A.

Infants who exhibit withdrawal are treated in the Transitional Nursery by our neonatal physicians including Dr. Paul A. Branca, Director of Nurseries, Associate Professor of Pediatrics and Associate Professor of Obstetrics and Gynecology; Dr. Hemant J. Desai, Clinical Assistant Professor of Pediatrics, Clinical Assistant Professor of Obstetrics and Gynecology, and Clinical Coordinator of Intensive Care Nursery and Dr. Shobhani A. Desai, Clinical Assistant Professor of Pediatrics and Clinical Coordinator of Transitional Nurseries along with the pediatric resident staff. Once the acute phase is over, the babies are transferred to the WellBaby Nursery. The Thomas Jefferson University Hospital nursing staff is well trained to care for these infants and to provide on-going support to the family during the infant's hospitalization. On discharge from the nur-

sery, the infants are followed for five years to assess their developmental and psychological status. Follow-up examinations include both medical and neurological evaluations. The latter are administered by Dr. Leonard J. Graziani, '55, Professor of Pediatrics and Professor of Neurology and Dr. Jeanette C. Mason, Clinical Assistant Professor of Pediatrics. Assessments by our Developmental Psychologist, Dr. Karol Kaltenbach, are done at various intervals up to five years of age.

The scope, continuity, quality and impact of the comprehensive services and multi-modality treatment approach are further enhanced through utilization of community-based social services including vocational, housing and welfare, educational and legal support. These services are aimed at: (1) developing personal resources; (2) improving family and interpersonal relationships; (3) reducing and eliminating socially destructive behavior; and ultimately, (4) facilitating maximum attainable adaptation as new parents in a productive social-community life.

Family Center has had Jefferson medical students selected through the National Institute of Health's Summer Medical Student Research Program and medical students from other institutions on elective programs. Additional students have come to us from graduate programs in pharmacy, nursing and social work, as well as

*Dr. Finnegan
meets on a regular
basis with
psychosocial
workers (from
left) Maria Dukes, M.H.S.,
Linda Guerra, M.A., and
Dianne O'Malley
Regan, A.C.S.W.*



students at the undergraduate and high school levels.

Clinical Activities

At the special prenatal clinic within the regular clinic structure of the Thomas Jefferson University Hospital, opened in October of 1976, the progress of each patient is followed. Ideally, the patients should be seen by the same obstetrician. In view of the fact that these patients have difficulty with interpersonal relationships, it has been found important to decrease the number of personnel to whom they must relate. At the initial prenatal visit, a history is obtained and a physical examination performed. The patient subsequently has a chest film, urinalysis, complete blood count, serology, blood type and SMA-12. Initial prenatal counseling is given including an abortion option in early pregnancy. Discussions are held regarding the relationship of heroin addiction to serious complications in pregnancy.

When the pregnant addict initially requests admission to the program, she may be hospitalized in order to substantiate the extent of her drug addiction, initiate methadone therapy and most importantly, evaluate the condition of the fetus through ultrasound studies and fetal monitoring. Subsequently, if the patient should have complications during the prenatal period, she may be admitted to obstetrics. In the obstetrical unit, the patient

submits a urine specimen to substantiate her claim to heroin addiction and is evaluated by a psychiatrist who determines the appropriate methadone dosage. The prescribed daily dose of methadone ranges from 10-80 mg. and averages about 30-40 mg.

For some pregnant patients, it is easy to reduce the methadone dose. Generally, these are women who are extremely motivated by the fact that their unborn infant may be subject to untoward effects because of the prenatal stress of maternal drug usage.

The prenatal and immediate postpartum periods are times of stress, even for the non-drug user. Therefore, attempts to withdraw methadone completely in the immediate postpartum period are frequently unsuccessful because most patients rapidly return to heroin usage. Therefore, it is not thought advisable to begin the reduction of maintenance dosages until one to two months postpartum.

Subsequent to a psychiatric evaluation, the patient is assigned a counselor whom she sees on each visit, usually daily, for a 20- to 30-minute session during which her current and past behavior is discussed and analyzed in terms of her drug abuse problems. A thorough social history is obtained and if her husband or consort is an addict, it is suggested that he be admitted to a program in the city. Additional psychosocial evaluation includes assessment of her ego strengths, employment skills,

domestic relations and general attitudes. The counselors have special training in the care of the addicted patient as well as in the management of obstetrical problems. Vocational guidance and group therapy are offered to the patients who have progressed sufficiently to make use of this type of service.

When the patient reports as an outpatient for her methadone, she must leave a urine specimen which is collected under direct observation and analyzed for methadone, heroin, quinine, barbiturates, amphetamines and cocaine. Urine surveillance is essential to diagnose cheating and is an objective means for evaluating progress in assessing the effectiveness of a particular mode of treatment being used. Patient behavior is stabilized through the patient's commitment and efforts toward making some positive changes in her life with the support and help of the clinic. This help and support is manifested through counseling sessions, adjustment in dosages, frequency of required clinic visits, and if it becomes necessary, through suspension or termination from the program.

I meet with the expectant mothers and explain potential problems of withdrawal, the nursery management of the neonate, and the need for follow-up care in the pediatric clinic. Our nurse, Ms. Lai, and patient education coordinator, Ms. Theresa Matteucci, conduct classes in nutrition,

fetal and maternal changes, the details of labor and delivery and anesthesia as well as parenting attitudes and skills. The patients are taken on a tour of the in-patient facilities, followed by small group discussions.

When the patient is admitted to the labor floor, she is treated like any other patient in active labor. Initially, a urine sample is checked for drug content and the patient asked about recent drug usage. The management of an addicted patient in labor can be hazardous only if the physician is unaware of the danger of narcotic overdose. Street addicts on heroin, as well as methadone maintenance patients, often will "load" prior to coming to the hospital. They are similar to any other patient and are afraid of pain, but with the additional fear that they will not be given drugs for pain in the hospital. In labor, conduction analgesia and anesthesia is preferred. Narcotic analgesia is avoided unless morphine is necessary as in the management of toxemia of pregnancy. If used, the morphine is titrated in small intravenous doses. After delivery, the mother is once again admitted to the obstetrical unit and maintained on methadone with subsequent referral to the out-patient methadone clinic upon discharge. Daily visits are made during the postpartum hospitalization by the obstetrician, counselor and the neonatologist who discusses the status of the infant. If conditions permit, the mother is encouraged to visit and to feed the infant as soon as she feels well.

Statistics concerning our comprehensive care program patients, in comparison to street addicts on heroin and not in the program, show that there has been an improvement in many parameters. The average number of prenatal visits for the Family Center women was eight, usually in the second and third trimester. Certain medical complications such as anemia, serum hepatitis, kidney disease and cellulitis occur with much greater frequency in the street addict on heroin in comparison to treated pregnant addicts in Family Center. Street addicts on heroin have twice the number of obstetrical complications and three times the incidence

of pre-eclampsia in comparison to the treated women.

After delivery, the newborn is admitted to the neonatal unit for careful observation of symptoms of withdrawal. When symptoms appear, close observation continues until progression of symptoms is noted. Drug therapy is then promptly instituted. In our experience, between 60-70% of infants born to drug-dependent mothers will manifest symptoms of withdrawal. Individual differences in metabolism and excretion of drugs in the mothers as

group. Such neonatal problems as jaundice, aspiration pneumonia, sepsis, asphyxia, hypoglycemia, ideopathic respiratory distress syndrome, congenital syphilis, convulsive disorder and central nervous system hemorrhage are seen more frequently in infants born to the untreated heroin addicts.

Length of hospital stay for infants born to our treated pregnant women are shorter than those for the infants born to street addicts. The majority of infants are discharged to their mothers. If the health care staff, which includes



Dr. Finnegan confers with Ronald J. Wapner, M.D. '72, Director of Perinatal Medicine and Associate Professor of Obstetrics and Gynecology.

well as the infants may account for a lack of withdrawal in a certain number of infants. Furthermore, because the narcotics sold on the streets today are usually adulterated prior to sale, the amount of pure heroin in each bag can vary. In view of the fact that the amount of heroin per bag may be negligible, some of the women may only be addicted to the intravenous injection.

The outcome of infants born to Family Center mothers is more favorable than that of the infants born to street addicts. Infants born to street addicts on heroin have lower birth weights and manifest more severe withdrawal symptoms than those in the treated

the pediatrician, nurses and the maternal counselor, feel that the mother is unfit to care for the newborn and cannot be persuaded to relinquish the baby to a family member (if available) or an agency, the case is referred to the Department of Human Services.

Preliminary data from our study of violence in the lives of pregnant drug-dependent women yielded startling findings. Nearly one third of the women reported having been beaten as children, and about three fourths were beaten as adults. One fourth had been sexually molested or raped as a child, and an equal proportion as adults. Three fourths had been or were being abused by their present partner. Physi-

cal abuse of this kind frequently affects women psychologically, predisposing them to depression and possible inter-generational patterns of child abuse.

The Beck Depression Inventory is used to assess existing levels of depression. The average Beck scores are significantly higher for Family Center women than those for a matched control group. The higher levels of depression are a significant problem that needs to be addressed as early as possible during pregnancy so that the quality of attachment in the neonatal period and the long-term parent-child relationships are not distorted.

Infant Morbidity

Medical complications in infants born to drug-dependent women will generally be influenced by (1) the adequacy of prenatal care, (2) the presence of obstetric or medical complications (toxemia of pregnancy, Rh hemolytic disease, hypertension, infection), and (3) the maternal use of multiple drugs contributing to an unstable intrauterine milieu complicated by withdrawal and overdosage, with subsequent fetal hypoxia. This hypoxia may predispose the fetus to meconium staining and subsequent aspiration pneumonia.

The majority of medical complications seen in neonates born to heroin-dependent women result from prematurity, manifested in more than 80% of cases, by the following conditions: asphyxia, intracranial hemorrhage, hyaline membrane disease, intrauterine growth retardation, hypoglycemia, hypocalcemia, septicemia and hyperbilirubinemia.

At Family Center, morbidity in infants of drug-dependent women has been found to be directly related to the amount of prenatal care as well as the type of drug dependence. More than three fourths of the infants born to heroin addicted women without prenatal care or to methadone dependent women with inadequate prenatal care suffer neonatal morbidity. Morbidity is comparatively less in infants born to methadone-dependent women who have had good prenatal care. A similar relationship exists between prenatal care and obstetrical complications.

Infants of women who have used methadone have somewhat higher birth weights than infants of women using heroin. Along with the fact that heroin has been found to cause fetal growth retardation that may persist beyond the period of addiction, methadone may indeed promote fetal growth in a dose-related fashion following the maternal use of heroin.

Twenty-five years ago, the majority of infants born to drug-addicted women did not survive. With the advent of newer techniques for the care of sick newborns, specifically those born prematurely, mortality has decreased markedly. Studies associating methadone and sudden infant death syndrome were reported in the 1970s. However, whether the effects were direct or indirect was not determined. Various hypotheses included the effects of drugs on the autonomic nervous system, chronic fetal hypoxia, possible infection or neonatal abstinence syndrome and/or its treatment.

From our clinical research studies, it has been shown that if adequate prenatal services are provided for pregnant narcotic dependent women, infant morbidity can be diminished. With decreased morbidity, the mortality risk should approach that of the general population of women of similar socioeconomic status.

Neonatal Abstinence

We have found that the time of onset of withdrawal symptoms in infants exposed to narcotics *in utero* varies from shortly after birth to two weeks of age; however, symptoms generally appear within 72 hours following birth. Many factors influence the time of onset in individual infants including the type of drug or drugs used by the mother, the dosage, timing of use before delivery, character of labor, type and amount of anesthesia or analgesia used during labor, maturity, nutritional status and the presence of intrinsic disease in the infant. Late presentation of neonatal abstinence has been observed with symptoms appearing between two and four weeks of age in several infants. Fetal accumulation and delayed excretion of the drugs due to tissue binding

are thought to account for the delayed onset of symptoms.

Several types of clinical courses may be seen. Withdrawal may be mild and transient, intermittent, delayed in onset, increasing in severity stepwise or biphasic, with acute withdrawal followed by improvement and then the onset of subacute withdrawal. Withdrawal seems to be more severe in infants whose mothers have taken large amounts of drugs for a long time. In general, the closer to delivery a mother takes heroin, the greater is the delay in onset of withdrawal in her baby and the more severe are the symptoms. The maturity of the infant's metabolic and excretory mechanisms plays an important role after delivery. Duration of symptoms can extend from six days to eight weeks. Although the infants are discharged from the hospital after discontinuance of drug therapy, symptoms of irritability may persist for three months or more. During this time, the infants may have hyperphagia, increased oral drive, sweating, hyperacidity, irregular sleep patterns, loose stools and poor tolerance to being held or to abrupt changes of position and space.

Neonatal abstinence is a generalized disorder characterized by signs and symptoms of CNS hyperirritability, gastrointestinal dysfunction, respiratory distress, and vague autonomic symptoms that include yawning, sneezing, mottling and fever. Initially the infants appear only to be restless. Tremors begin when the infants are disturbed and progress to the point where they occur when the infants are not disturbed. High-pitched cry, increased muscle tone and further irritability develop. When examined, the infants have increased deep tendon reflexes and an exaggerated Moro reflex. The rooting reflex is increased, and the infants frequently suck their fists or thumbs. Yet when fed they have extreme difficulty and regurgitate often because of uncoordinated and ineffectual sucking and swallowing reflexes. The loose stools, decreased intake and regurgitation predispose the infants to dehydration and electrolyte imbalance.

Excessive nasal secretions with stuffy

nose and rapid respirations, sometimes accompanied by retractions, intermittent cyanosis, and irregular respirations, have been seen in infants undergoing narcotic withdrawal. Severe respiratory embarrassment occurs most often with regurgitation, aspiration and development of pneumonia. Increased respiratory rates associated with hypocapnia and an increase in blood pH can occur during the first week of life.

Although the frequency of respiratory distress syndrome increases progressively with decreasing gestational age in premature infants whose mothers are not addicted to heroin, no respiratory distress syndrome was noted among 33 premature infants born to heroin-addicted mothers at the Harlem Hospital Center. Moreover, our studies have shown that newborn infants of opiate-dependent mothers achieve tissue oxygen unloading comparable to that of a six week old term infant, suggesting that opiates may function as enzyme inducers to increase blood levels of 2,3-diphosphoglycerate and decrease oxygen affinity.

Our studies of sequential pulmonary function from birth to 24 hours of age in infants of drug-dependent mothers appear to show transient decreases in lung compliance and tidal volume. By three days of age, lung compliance and tidal volume return to normal control levels in spite of persistent tachypnea and abstinence symptomatology.

Neonatal sleep has been studied as a measure of CNS disturbance in infants exposed prenatally to narcotics. Infants chronically exposed *in utero* to low doses of methadone, with or without heroin, displayed more rapid eye movement (REM) sleep and less quiet sleep than did control infants. Withdrawal will prevent normal adequate periods of deep sleep, but proper therapy will result in the return of REM and deep sleep cycles.

One of the most serious manifestations of neonatal abstinence is the development of seizures. Reports on the effects of methadone versus heroin on the occurrence of seizures during neonatal abstinence have varied. Seizure activity commonly takes the form

of generalized motor seizures or rhythmic myoclonic jerks. Abnormal EEG activity has been found to occur only during the active seizure phenomenon, the tracings being normal in the interval between episodes. Seizure occurrence of myoclonic activity are not related to maternal dosage of methadone, although blood methadone levels have not been reported. We have found that seizures during neonatal abstinence are generally of low incidence if the infant's symptomatology is promptly recognized and treated adequately.

By the mid 1970's, nearly 80% of pregnant addicted women in New York City were using methadone alone or in combination with heroin. The situation is similar in Philadelphia, where 80% of drug-dependent women giving birth are using methadone alone or in combination with heroin.

The use of methadone has become an issue of concern and various investigators disagree with regard to abstinence symptomatology secondary to heroin versus methadone exposure *in utero*. The results reflect the relative potency, length of action and available doses of heroin versus methadone. Methadone programs are considered safer because they supply the mother and the fetus continuously with a long-acting pure narcotic, while street addicts encounter unpredictable changes in availability and purity of the short-acting heroin, predisposing them to episodes of overdose or withdrawal.

Fortunately for the infant undergoing abstinence, with appropriate treatment, the mortality risk is slight, morbidity is decreased, and despite variability in duration of symptoms, a return to a normal physiologic state is anticipated. Careful assessment by a neonatal abstinence scoring system and appropriate treatment including detoxification are essential to bring the infant into a general state of good health.

Research Activities

The focus of Family Center has been expanded from clinical research on the effects of illicit and therapeutic opiates and other pharmacologic agents on the mother and infant to the valida-

tion of the effectiveness of our program in term of both short and long-term outcomes.

Current research activities, directed by me and coordinated by Dr. Kaltenbach, Instructor in Pediatrics and Psychiatry and Human Behavior, and assisted by Ms. Sandra Ehrlich, M.S., Ms. Matteucci and Ms. Joyce Diodati, have focused on infants exposed to methadone *in utero* and in accurately examining the infants' short and long-term physical, behavioral and cognitive outcomes. Study infants are selected from mothers enrolled in the Center. A comparison group of control subjects are those born to mothers who are matched for age, race and socioeconomic status and provided similar obstetrical care within the prenatal clinics of the hospital.

The environmental issues of development are being addressed by assessing the amount of stimulation provided at home and by maternal knowledge of parenting. The psychological and social issues of maternal depression, low self-esteem and poor social support are addressed by obtaining repeated measures of these variables for Family Center patients and the comparison population.

One of the major problems confronting research designed to investigate the developmental outcome of children born to drug dependent mothers is subject participation. We have studied the characteristics of mothers and found that those participating in the developmental outcome studies were apt to have had more prenatal visits and were more likely to be currently enrolled in the program than non-participating mothers. These data indicate the importance and value of integrating research within the framework of clinical services for this population.

The course and severity of neonatal abstinence and the most appropriate pharmacologic treatment is being assessed and related to cognitive assessments at six months of age. Although adequate prenatal care and appropriate medical treatment of neonatal abstinence markedly lowers the risk of medical complications for the neonate, long-term assessment of perti-

ment developmental variables allows the research team to investigate the relationship between abstinence and outcome during infancy and early childhood. Neonatal abstinence symptomatology is precisely measured by an abstinence scoring system defined previously by our research team. Effectiveness of pharmacologic treatment is assessed by the amount of time needed to bring the symptoms under control and whether a single agent is sufficient. Infants are randomly assigned to a particular drug of treatment and compared neurologically, as well as cognitively with the Bayley Scales of Infant Development.

To further evaluate the physical course of neonatal abstinence, we are studying brain growth in infants exposed to narcotics *in utero* utilizing cranial ultrasound examinations. Ultrasound images are examined for ventricular configuration, intracranial hemispheres, area of the thalami and width of the temporal lobes. Dr. Matthew E. Pasto, Assistant Professor of Radiology, and Mr. John Deiling, R.D.M.S., work in conjunction with our research staff to accomplish these studies.

Additional studies evaluating the drug dependent woman and her child include: a) patterns of anesthesia and analgesia during labor and delivery; b) incidence of depression and violence; c) parenting skills; d) infant temperament; e) pregnancy and smoking; f) incidence of eye disorders; and, g) possible speech difficulties.

With 14 years of clinical and research experience over the past eight years at Thomas Jefferson University Hospital and previously at Philadelphia General Hospital where the program existed for six years, we have been able to develop a number of recommendations to maximize the chances of a favorable outcome for the drug dependent mother and her infant. The management of perinatal addiction should be as follows:

...A pregnant woman who abuses drugs must be designated "high risk" and should receive specialized care in a perinatal center where she should be provided with comprehensive addictive and obstetrical care as well as

psychosocial counseling.

...Addictive care may involve voluntary drug-free therapeutic communities, methadone detoxification (depending on the time in pregnancy when it is requested), or methadone maintenance.

...A drug dependent pregnant woman should be seen in a hospital setting for a complete history and physical examination, including laboratory testing to assess her overall health status. When appropriate, low dose methadone maintenance with substantial medical and paramedical

tum. Special emphasis should be placed on enhancing parenting skills in an effort to lessen the possibility of child neglect.

...The mother's ability to care for her infant after discharge from the hospital must be assessed by frequent observations in the clinic and home settings.

...Mechanisms must be developed for following and supervising the infant's course after discharge from the hospital. Although newborns exposed *in utero* to pharmacologic agents may be normal physically, behaviorally



Loren Yorgey, Sonographer in the Ultrasound Department, administers the neurosonology exam for evaluation as mother and child look patiently on.

support should be instituted.

...Psychosocial guidance should be provided by experienced counselors who are aware of the medical as well as the social and psychological needs of this population.

...Careful attention must be given to the assessment and management of the newborn with regard to the potential morbidity due to prenatal stress as well as the onset, progression and pharmacologic treatment of abstinence.

...Mother-infant attachment should be encouraged prenatally and postpar-

and neurologically at the time of birth, one cannot assume that these agents have been without effect. Their effects may not become apparent for many months or years. Therefore, long-term follow-up is extremely important.

If clinicians consider appropriate care for pregnant drug dependent women and their children as an area worthy of professional concern, then we will be able to cope with the potential physical and behavioral effects of psychotropic drugs on pregnancy, the fetus, the newborn and the child.

class notes

1915

John P. Kennedy, 726 Colville Rd., Charlotte, N.C., sends his congratulations to Jefferson for doing such a good job on the million dollar success. "I am now the oldest member of the North Carolina Medical Society, at least in the 50 year club. Six of my classmates are living out of quite a large class." Signed JPK, age 93.

1920

Louis F. Burkley, Jr., 2040 Lehigh St., Easton, Pa., writes, "I retired from ob/gyn on June 1, 1971—over 13 years ago. I can't imagine that, nor my 88 years of age. I have enjoyed a full life and have no regrets; still getting about on my own."

1926

John B. Montgomery, 271 Forrest Rd., Merion Station, Pa., recently received an award from his Alma Mater, Juniata College, Huntingdon, Pennsylvania, which declared him "Alumnus of the Year." At a Founder's Day luncheon in his honor on Homecoming Weekend, the former Juniata Trustee was recognized for upholding the Juniata/Huntingdon traditions and thanked for his substantial contributions to the growth and development of the College. Dr. Montgomery, his wife, Betty, son Barry (JMC '60), and two grandchildren, all attended Juniata. Dr. Montgomery played on the first football team the year he entered, 1917.

Hammell P. Shipps, 1211 Capri Isles Blvd., Venice, Fl., "continued in major surgery until I passed my 76th birthday in September, 1976...then retired from practice. Greetings to the members of the Class of 1926."

1928

Lundie C. Ogburn, 1244 Arbor Rd., Winston-Salem, N.C., writes that he has "cut work to 40 hours a week and doing major surgery and enjoying it. Why retire? All I ever get when I go

fishing is seasick. I'm no good at golf, so I gave that up years ago. TV bores me to death and I go to sleep. I don't want to stay drunk all the time; I'm old enough to know better than to start chasing women because I'm married to the best husband-spoiler in the world—my Ruth. Why retire?"

1930

Patrick J. Kennedy, 640 Montgomery School Ln., Wynnewood, Pa., is retired from his office, but still working part time. He is serving as reunion chairman for the classes 55th this June.

Richard B. Nicholls, 901 Hampton Blvd., Norfolk, Va., celebrated his 80th birthday on October 17, 1984. Dr. Nicholls is still in active gynecological office practice four days a week. He proudly announces his new associate, Ralph R. Chesson, Jr., Class of 1972, Medical College of Virginia.

1931

Howard A. Johnson, 4803 Lomitas Dr., San Diego, writes that on a recent weekend stopover in Philadelphia he had the opportunity to see Jefferson for the first time in many years. "The development and changes were most impressive."

1932

Herman Finkelstein, 6010 Falls Ci. S. Lauderhill, Fl., is "enjoying the southern climate."

August J. Podboy, 912 S. George St., York, Pa., is "still practicing half time—" office ophthalmology.

William B. West, Oneida Heights, Huntingdon, Pa., continues his activities as Medical Director for Consumers Life Insurance Company of Camp Hill, Pennsylvania.

1933

Edward Gartman, C76 Fairhaven, 7200 3rd Ave., Sykesville, Md., still paints water colors "on a daily basis,

and completes about 100 a year." He exhibited at the Carroll City Arts Council in January, where he showed 60 paintings, most of them done in 1984.

1936

George L. Erdman, 2127 Lagoon Dr., Dunedin, Fl., is "just back from a three-week tour in Korea and Japan visiting, with some 30 others, the scenes of our childhood." All were sons or daughters of Presbyterian missionaries. The Presbyterian Church of Korea was celebrating the Centennial of Presbyterian Missions in Korea.

Nicholas R. Varano, 511 Ballytore Rd., Wynnewood, Pa., was inducted into the Athletic Hall of Fame at Allegheny College at weekend ceremonies in Meadville, Pennsylvania, last September.

1937

Norbert Bromberg, Yarmouth E. 4087, Boca Raton, Fl., is senior author of a recently published book, *Hitler's Psychopathology*, published by International Universities Press.

Daniel Wilner, 108 S. Sumner Ave., Margate, N.J., addressed the International Skeletal Society at their September meeting in Philadelphia on the subject, "Tumors Developing at the Site of Pre-Existing Bone Disease." Dr. Wilner has been Chief of Radiology at Burdette-Tomlin Memorial Hospital in Cape May Court House for the past 23 years, and holds the rank of Clinical Professor of Radiology at Cornell University Medical College in New York.

1940

Frederick A. Dickerman, 242 N. Bay St., Manchester, N.H., retired in 1983 after 34 years of private ophthalmology practice in the same office. "I am thoroughly enjoying my retirement," he writes... "took a trip to the Canadian Rockies with the Saylor's (Blair W., M.D. '40) in August, 1984."

John D. Langston, P.O. Box 740156, Dallas, Tx., has retired from the prac-

tice of pathology in Detroit in May, 1984, because of "increasing government intrusion which made it not as much fun as it used to be. My wife Gretchen and I moved to the Dallas area, where we are equidistant from my three younger daughters: **Clair**, JMC '67, a pediatric pathologist in Houston, **Penelope** in Tulsa and **Star** in Shreveport. My eldest daughter, **Althaea**, a veterinarian, is in Maryland. Once settled in we hope to resume traveling about three months a year, but are at home to classmates and other friends at 4739 Mill Creek, about one mile due south of Galeria. See you all at our 45th reunion."

Blair W. Saylor, 243 S. Calle de Madrid, Tuscon, Az., retired as of January, 1985.

1941

Frederick A. Robinson, Jr., 160 Foxcatcher Ln., Media, Pa., has retired from active practice, but still attends meetings at Delaware County Memorial Hospital.

1942

John S. Liggett, 18 Woodland Rd., Edgeworth, Sewickley, Pa., recently retired from medical practice in the Pittsburgh area. Because his son, **John S. Liggett, Jr.**, M.D. '76, couldn't be there for the retirement party, he sent this poem to his father, and to us:

"Dad, you say that you're happy to be out

'Cause of DRG's, paperwork, and the loss of clout.

'It's just no fun to practice medicine anymore.'

So now you've stepped down and gone out the door.

You worked quite hard and deserve a rest.

As far as I'm concerned, you were the best

And continue to be because, if you will,

You make people happy to know you still.

Garden, golf, family and Florida is your new turf—

Corn, tomatoes, Mom, grandkids, fish and surf.

You really seem to be enjoying yourself;

We want you to be happy, you're NOT on a shelf.

I thank you for all that you've done for me

And wish I could be with you tonight, but you see

I'm down here in Texas fighting it out

With DRG's, paperwork, and loss of clout.

The Montgomerys Honored

Jefferson's well known professors, Thaddeus L. and John B. Montgomery, were guests of honor at the annual dinner meeting of JOGGERS (Jefferson Obstetrical and Gynecological Ex Residents Society) on November 3 at the Union League. Well over 80 residents and spouses gathered to greet their former teachers. Both Montgomerys, Thaddeus L., Class of 1920, and John B., Class of 1926, are Emeritus Professors.

Paul A. Bowers, '37, also an Emeritus Professor, gave an historical sketch of the department highlighting the careers of both alumni. A plaque citing both their accomplishments and contributions will be hung in the new delivery room area.

Marvin R. Hyett, '63, Clinical Associate Professor, is currently President of JOGGERS.

Italian American Family

Three generations of physicians were honored by the National Italian American Foundation at the Union League Sunday, November 18, 1984. At the Awards Achievement Dinner, tribute was paid to the Italian American Family, notably Patrick S. Pasquariello, M.D. '29, Patrick S. Pasquariello, Jr., M.D. '56 and Carol A. Pasquariello, M.D.

Dr. Patrick, Sr., received his degree in Pharmacy from the Philadelphia College of Pharmacy, and his Bachelor's Degree from Syracuse University before graduating in 1929 from Jefferson. He has held several prestigious positions in medicine, including Medical Chief and Director of Medicine at St. Joseph's Hospital, and, currently, Consultant in Internal Medicine at the same hospital. He is a Diplomate to the Board of Internal Medicine and was elected Fellow to both the American College of Physicians and Chest Physicians.

Dr. Patrick, Jr., received his Bachelor's Degree from St. Joseph's College before earning his medical degree at Jefferson. Board Certified in pediatrics, he currently is serving on the staff of Children's Hospital. He has held teaching positions at the University of Pennsylvania and is Associate Professor of Pediatrics at Children's Hospital. He has served as President of the Medical Staff, Chairman of the Executive Committee Medical Staff and is Chairman, Hospital Community Relations Committee at Children's. His major teaching and clinical responsibilities there have included Director of Continuing Medical Education, Director of the Office of Education and Director, Medical Education Center.

Dr. Pasquariello is a prolific author and lectures worldwide in the field of pediatric research medicine.

Dr. Carol Pasquariello, while not following in the Jefferson tradition, has followed in the pediatrician tradition set by her father. She graduated from the University of Pennsylvania Medical School in 1982, participating in numerous sports clubs, undoubtedly to keep her in shape for the rigors of medical practice with children. Despite her relatively brief career, she has participated in several significant medical research projects and has been published in medical journals.

Pediatric Dermatology:

*Achieved Dream of
Henry H. Perlman,
M.D. '18*

by Ginter Kahn, M.D.



Dr. Perlman

September 1984 marked 65 years that Henry Harris Perlman has been practicing medicine; 40 of those years have been in pediatric dermatology. This remarkable "young man" still practices six days a week in an office he has occupied since 1923—60 plus years.

HHP was born in Philadelphia, the only son of four children of an immigrant family. At the age of ten, he worked as a clean-up and errand boy in a pharmacy for \$2 a week. Even then his prescience evidenced as he learned botany by studying the materials on the shelves. He became a registered qualified assistant in pharmacy and was awarded the degree of Doctor-in-Pharmacy from the Philadelphia College of Pharmacy in 1913. His thesis on the pharmacology of soy beans and his overall average of 96 percent on the Pennsylvania pharmaceutical board examination, impressed Dean Joseph P. Remington (author of *Practice of Pharmacy*), who advised him to go to medical school. HHP returned to college for the one year pre-medical requirement of that time. Though he was offered a scholarship to Hahnemann (homeopathic hospital), he chose Jefferson and paid his own way; tuition was \$200 minus a rebate of \$50 because of his pharmacy doctorate.

Upon graduation in 1918, he served a one year residency at JMC Hospital. Internships were not known yet, and because of the First World War, residencies at JMC were reduced to one year instead of the customary three. HHP wanted to become a dermatologist, but his Chief of Pediatrics, Edwin E. Graham, M.D., insisted he spend more time in pediatrics office work. Thus, in 1919, more than 65 years ago, HHP began his private practice. From 1919 to 1930 he worked with Dr. Graham; it was a lucrative practice where office calls were \$3 and house calls, \$5. During this time, he instructed students in pediatrics at Jefferson.

In 1926, Dr. Perlman joined the Philadelphia Children's Hospital. There in the post-graduate school, Department of Pediatrics of the University of

Dr. Kahn is Director of Pediatric Dermatology Seminars in Miami, Florida, where he maintains his practice. This article was prepared for Pediatric Dermatology, Blackwell Scientific Publications, Inc.

Pennsylvania, he was in charge of the congenital syphilis clinic, called the Sigma Clinic. His interest in dermatology peaked because his students and residents knew little about skin disorders. "With the exception of eczema, warts and impetigo, they knew no other diagnosis," he recalls. It was from this time that HHP pleaded for more instruction in pediatric dermatology. From 1928 to 1940, he tried to remedy this need by lecturing twice a week on the subject. In 1928 he met Donald M. Pillsbury, M.D., with whom he wrote his first dermatology paper to be published first in the preliminary form in the Pennsylvania Medical Journal and in the final form in the Archives of Dermatology.

Each week HHP spent one day in New York at the Post-Graduate School of Medicine with Adolph DeSanctis, M.D., continuing his pediatric education. In 1942 he was asked to visit the Skin and Cancer Unit, then a part of Columbia University. There the dermatologists impressed him so that his desire to become one of them totally resurged. His training, 1942-1946, was under the chairmanship of George M. MacKee, M.D., and Marion B. Sulzberger, M.D. After receiving his Diplomate in Dermatology, he was invited by Dr. Sulzberger to join the staff of Skin and Cancer Hospital.

While studying for his board examination, a histopathology technician-medical student at the Woman's Medical College of Pennsylvania, Ms. Margaret Gray, now Margaret Gray Wood, M.D., dermatopathologist of the Department of Dermatology of the University of Pennsylvania, introduced him to dermatohistopathology. The endeavor proved successful: HHP diagnosed the board pathology questions in less than five minutes, after which the examiner, Henry Michelson, M.D., called to George M. Lewis, M.D., who was Secretary of the Board, "Here's a pediatrician who excels in histopathology." After 1946, HHP limited his practice to diseases of the skin, preferring to treat only children. In 1946, and for 20 years thereafter, he was the only board-certified pediatrician who also was board certified in dermatology.

In the late 1940's, HHP saw the need for a text on pediatric dermatology. He began to write it in the early 1950's and it was published in 1961. The genesis of this text was the lecture

notes he had updated since 1928. It was his impression that the available pediatric-dermatological texts (Fox, MacKee, Leider) were largely scaled-down adult dermatology for children. Writing the text gave him the opportunity to use his knowledge and experience as a pediatrician and pharmacologist.

HHP still considers himself an old fashioned therapist, preferring in many instances to mix his own medicine in his office, tailoring prescriptions to the needs of each patient.

In 1948 HHP set up the first pediatric dermatology seminar. He limited it to 100 subscribers for one week at the Skin and Cancer Hospital in Philadelphia, where he was acting Medical Director. Although the tuition was \$200, more than 200 physicians tried to enroll in the seminar, and the course was repeated in 1949. In 1960, the American Academy of Pediatrics recognized his talents and asked him to condense the course into a three-hour seminar; this, too, had to be repeated to meet the demand. At later dates HHP was guest lecturer in pediatric dermatology at many universities and pediatric societies.

Today, HHP, still quite active in practice, regularly attends grand rounds in pediatrics at JMC and the Duhring Conferences in Dermatology at the University of Pennsylvania. Currently he is an Honorary Clinical Professor in Pediatrics and Dermatology at Jefferson Medical College. He has published more than 100 papers.

Of the many changes HHP has noted in the practice of dermatology in the last decade, the most difficult to adapt to is the proliferating literature. "There is so much of it, that I really don't know how all the young fellows keep up with it. The young people coming out of training are better informed, trained and more knowledgeable than those of the previous generations," he states.

Of particular pleasure to HHP is the growth of interest in pediatric dermatology. The Society of Pediatric Dermatology honored him at its founding by giving him its only honorary membership. Growth of the organization and the large number of seminars, conferences, texts and discussion groups devoted to the skin of children, reflect happily on more than 60 years of study and intuition on the part of Henry Harris Perlman.

Edward F. Murray, Box 391, Bernardsville, N.J., has retired as the Laboratory Director and Pathologist of St. Mary's Hospital in Orange after 35 years of service. Dr. Murray is the former Chief Medical Examiner of Essex County and a nationally recognized authority in the field of forensic medicine. He will continue to be involved in an international cancer research program.

1943

Samuel L. Cresson, 901 Waverly Rd., Bryn Mawr, Pa., retired December 1, 1984. "Betty and I hope to travel and enjoy our family and grandchildren more," he writes.

Warren R. Lang, the Gonzalo E. Aponte Professor of Pathology and Chairman of the Department, was named President of the American Society of Cytology at the annual meetings in November and received the Papanicolaou Award at the same meetings (see p. 14).

1944J

Robert L. Breckenridge, 13 Cunningham Ln., Cherry Hill, N.J., is President-elect of the College of American Pathologists (CAP). He will take office at the 1985 Joint Fall Meeting (see p. 12).

1944S

Jerome D. Shaffer, 5700 NW Grand Blvd., Oklahoma City, has been promoted to Clinical Associate Professor of Pediatrics at University of Oklahoma School of Medicine.

1945

Benson Krieger, 2401 Pennsylvania Ave., Philadelphia, is "looking forward to our 40th."

William T. Lineberry, Jr., 1890 Edgecliff Dr., Fullerton, Ca., says that "1985 will be my last year of practicing industrial medicine and general practice. I have to resign my partnership with the group at age 65—I may do some *locum tenens* work, but want to leave time to travel and enjoy my hobbies."

1947

Louis F. Burkley III, 2040 Lehigh St., Easton, Pa., retired in June, 1984, "due to the necessity of getting off my feet because of ongoing foot problems. I am enjoying traveling, visiting grandchildren in Charlotte, North Carolina, plus winters in Florida and summers in Stone Harbor, New Jersey."

Elmer H. Funk, Jr., 510 Millbrook Rd., Devon, Pa., is a delegate to the Pennsylvania Medical Society on behalf of the Philadelphia County Medical Society.

Martin M. Mandel, Benson Manor, Township Line and Washington Ln., Jenkintown, Pa., had dinner with **William C. Herrick, M.D. '47** and Mrs. Herrick while visiting San Diego during the summer. "He and his sons operate a grape ranch in California and send much of their fruit to dealers in the Philadelphia area. Dr. Herrick also participated in amateur tennis tournaments at Wimbledon, and distinguished himself in many events."

1948

R. William Alexander, 544 Elm St., Reading, Pa., has been named President-elect of the Pennsylvania Medical Society. He will take office next October at the annual meeting in Philadelphia.

William B. Annesley, Jr., Lankenau Medical Building, Philadelphia, received the Honor Award from the American Academy of Ophthalmology Board of Directors for his many years of service to the Academy and its scientific and continuing education programs. Dr. Annesley, a Professor at Jefferson, joins a prestigious group of colleagues who have made outstanding and valuable contributions to Academy programs.

1949

Conrad Zagory, 3700 24 St., San Francisco, has returned from Japan where he attended the International Society of Internal Medicine meeting in Kyoto. He then addressed faculty and medical students at the Kochi Medical College on "Family Practice in the U.S." "They're beginning to take an interest in family practice, but still have no FP's," he writes.

1950

George W. O'Brien, 1227 26th St., Sacramento, writes that he sees **George A. Winch, M.D. '49** in San Francisco "on a regular basis. He and his family are doing well. **George Jr., M.D. '81** is also doing well in Public Health."

1951

Simon C. Brumbaugh, Jr., 7337 Central Ave., Lemon Grove, Ca., writes that his "#5 daughter is a freshman at

Jeff." He served as toastmaster last fall at a dinner for Jefferson alumni at the Hotel del Coronado.

Luis P. Sanchez-Longo, University of Puerto Rico, San Juan, recently ran for the office of Mayor of San Juan on the independence platform. The first permanent neurologist on the island (he heads the Department of Neurology at the University of Puerto Rico), Dr. Sanchez-Longo says that the reason physicians run for office in Latin American countries is because "there is a tendency among the people to trust doctors more than lawyers. We love the United States," he says, explaining his independence stance. "But in spite of that, we want to be free." Neither Dr. Sanchez-Longo or the physician running for Governor, on the statehood platform, won.

1952

Edward W. Ditto III, 625 Orchard St., Hagerstown, Md., was just recertified in family practice. "I am very concerned about the future of medicine in America," he writes. "With more and more controls and limitations, there is no way we can maintain good quality care."

Joseph Hodge, 864 N. Church St., Spartansville, S.C., who has practiced surgery in his hometown since 1958, is the patent-holder for four inventions involving operating tools. Dr. Hodge's latest invention, part of a scientific exhibition at the October meeting of the American College of Surgeons, is a set of 11 angulated surgical instruments. "To know that somewhere in the world or the U.S. somebody is getting help from something I've contributed to the practice of medicine, that's pleasure," Hodge said in a newspaper article.

Leonard E. Rosen, 2810 N. 46th Ave., Hollywood, Fl., has recently moved there and is working with an HMO.

William H. Strimel, Jr., 92 Hobbs Rd., Plattsburgh, N.Y., left the Philadelphia area in 1981. "I am remarried to Nancy Beighley. This past year we were blessed with a baby girl, Abigail, born April 7, 1984. I bet I am the oldest alumnus with the youngest child. I am Director of Laboratories at CV/PH Medical Center, a 450-bed hospital in Plattsburgh."

1953

Lansing H. Bennett, U.S. Army General Research Det., A.P.O. N.Y., writes

that he has "left Asia after 4½ very interesting years, and am now attached to the U.S.A. in Frankfort, about to explore Western Europe."

Joseph W. Simpson, 11 Bugle Ln., Blue Bell, Pa., writes that he is "still very busy as Chief Physician with the Consolidated Rail Corporation, headquartered in Philadelphia."

1954

Robert A. Hinrichs, 2007 Galatea Tr., Corona Del Mar, Ca., writes that his "oldest daughter, Karen, is a surgical nurse at the University Hospital in San Diego; oldest son, Mark, is getting his Ph.D. in English; youngest son, Brad, is a pre-med student at Stanford."

1955

Robert I. Fraser, 1117 W. 112th St., Anchorage, Ak., has been appointed Director of the Division of Public Health. Dr. Fraser is currently Chief of the Section of Communicable Disease Control in Anchorage, a position he has held since 1969. (see p. 18).

Joseph R. John, 2210 McCutchen Pl., Pensacola, Fl., is Chairman of his ten-member radiology group and Chief of Staff at West Florida Hospital. "I do almost entirely angiography and interventional radiology," he writes.

Alfred A. Rosenblatt, 7800 Bayshore Dr., Margate, N.J., was "happy to attend the graduation at Jefferson of oldest son, Michael, in June. I am currently Director of the Surgical Division of the Atlantic City Medical Center."

John W. Schelpert III, 172 Midland Ave., Bronxville, N.Y., has been elected Secretary of the New York State District of the American College of Obstetricians and Gynecologists for a three-year term. Dr. Schelpert is in private practice in New Rochelle and an attending OB/GYN physician at the New Rochelle Hospital Medical Center.

Richard H. Schwarz, 30 Waterside Plaza 27-J, New York, has been elected Chairman of the New York State District of the American College of Obstetricians and Gynecologists for a three-year term. Dr. Schwarz is Professor and Chairman of the Department of Obstetrics and Gynecology at SUNY Downstate Medical Center and Chief of Service of Kings County Hospital Center. He serves as Dean of the College of Medicine and Vice-President for Academic Affairs at Downstate Medical Center.

1956

Joseph P. Bering, 12 Stoneleigh Dr., Lebanon, Pa., is "very happy to have son Joe Jr. as a member of this year's freshman class at JMC! Son Tom is an anesthesiologist at Lancaster General Hospital; daughter Sue is an engineer (R&D) in Massachusetts; daughter Beth is an engineering student at the University of Pittsburgh. I'm still picking up the tab and hoping to stay healthy."

Bertrand Kushner, 200 Montrose St., Harrisburg, writes that his son, Jonathan, graduated from JMC in June, 1984. He is serving his first year of residency at Maryland General Hospital in Baltimore.

1957

Charles L. Knecht III, 3131 College Heights Blvd., Allentown, Pa., a radiologist, is presently President of Allentown Radiological Association, which provides imaging services to Allentown Hospital, Lehigh Valley Hospital Center, Good Shepherd Rehabilitation Hospital and Muhlenberg Medical Center. Dr. Knecht is also President of the Medical Staff at Good Shepherd Rehabilitation Hospital.

1958

Richard E. Eshbach, 130th Station Hospital, APO, N.Y., writes, "We are enjoying our work and stay here in Heidelberg, Germany, with the Department of the Army. Looking forward to our next reunion—let's make it a big one."

Marvin Z. Rotman, 59 E. 80th St., New York, is Professor and Chairman of the Department of Radiation Oncology, SUNY Downstate Medical Center. Dr. Rotman was elected President of the Society of Chairmen of Academic Radiation Oncology Programs. He and his wife, Marsha, are the parents of a new son, David Zachary Rotman.

James M. Walker, Mark 70 Condo, Cherry Hill, N.J., reports that his son, Michael, is in the freshman class at JMC.

1959

Murray Feingold, Georgetown Rd., Boxford, Ma., Professor of Pediatrics at Tufts University School of Medicine, received an Honorary Doctor of Journalism Degree from Northeastern University. The Medical Editor at WBZ-TV

for over ten years, Dr. Feingold is the author of over 100 articles and has written or edited four books. He is President of the Birth Defects and Clinical Genetics Society, and was the first physician in Boston to utilize the television medium to educate the public concerning medicine, especially the preventative aspects. He is innovator of the Genesis Fund, whose mission it is to provide humanistic care and treatment for children born with birth defects and genetic abnormalities.

Tom D. Halliday, 409 2nd St., Marietta, Oh., has been elected Chairman of the Ohio Section of the American College of Obstetricians and Gynecologists (ACOG) for a three-year term. Dr. Halliday is Chairman of the Obstetrics Department of Marietta Memorial Hospital, and past President of the Medical Staff. He is a courtesy staff member of St. Joseph's Hospital and Camden-Clark Memorial Hospital in Parkersburg, West Virginia, and Selby General Hospital, Marietta.

1961

Robert R. Conte, 1222 Mt. View Dr., Greensburg, Pa., was recently elected President of the Latrobe Area Hospital Medical Staff. Dr. Conte has been recertified by the American College of Obstetricians and Gynecologists, and is certified by the American College of Surgeons. He has been in practice at Gyno Associates in Latrobe since 1976; his wife, Jean, and their six children live in Greensburg.

William F. Hook, Box 145A, Bismarck, N.D., has "re-established a radiology practice in Bismarck after two hectic years in Dallas. My oldest son, Bill, graduated from Stanford in June; middle son, Chris, is a senior at Cal Berkeley; youngest son, Paul, a freshman at U.C. Santa Barbara; and daughter, Kari, in fifth grade. I'd like to hear from classmates."

1962

Alan R. Freedman, 57 Levering Ci., Bala Cynwyd, Pa., writes that he "had the great pleasure of attending my wife Arlene's graduation from Jefferson's College of Allied Health Sciences with her B.S.N. in June, 1984. Arlene is a staff nurse at the Hospital of the University of Pennsylvania. I am practicing pediatrics at Pennsylvania Hospital in Philadelphia."

Zachariah B. Newton, Peachtree Womens Clinic, 490 Peachtree St., Atlanta, represented Jefferson at the inauguration of Jesse L. Steinfeld as the fifth

President of the Medical College of Georgia at ceremonies September 18 on the Augusta campus. Dr. Newton serves as Vice President of the Alumni Association for the state.

Marvin J. Rapaport, 12719 San Vicente, Los Angeles, is working in the **Martin Feldman, M.D.** internal medicine group, seeing the dermatology patients. "Classmates 3000 miles from Jefferson,!" he exclaims.

William E. Staas, 323 Mimosa Dr., Cherry Hill, N.J., has had a change of title from Clinical Professor to Professor in the Department of Rehabilitative Medicine at JMC.

1963

George H. Cohen, 1350 Brandt Rd., Hillsborough, Ca., is Chief of Staff, Peninsula Hospital and Medical Center.

Robert C. Gallo, National Cancer Institute, Bethesda, Md., was featured on the cover of the November 1984 issue of *Cancer Research* magazine. He and four other physicians and scientists received the General Motors Cancer Research Awards. His award, the Charles S. Mott Prize of \$130,000, is given for advances in the basic understanding of cancer. Dr. Gallo discovered the first retrovirus, HTLV-1, that causes a human malignant neoplasm, T-cell leukemia. He and associates have recently reported results suggesting that a related virus, HTLV-3, is responsible for AIDS.

Henry F. Smith, 126 S. Mountain Blvd., Mountaintop, Pa., has opened an office for family medicine in White Haven, Pennsylvania. Dr. Smith maintains his practice in Mountaintop, and is also Crestwood School District physician. He and his wife, Geppie, have seven children.

1964

Robert B. Burns, Horizon Dr., Mendham, N.J., has recently joined Ayerst Laboratories as Vice President of Clinical Research. Dr. Burns had been Director of Clinical Research at Sandoz for 14 years. He writes that his son, Bennett, will be entering University of Virginia Medical School; his daughter, Stephanie, is an undergraduate student at Virginia; and Gregory, the youngest, is a sophomore at Mendham High School.

David M. Capuzzi, 222 Booth Ln., Haverford, Pa., has been appointed Professor in the Department of Biochemistry (secondary appointment).

His primary appointment is as Professor of Medicine.

Robert J. Sarnowski, Community Medical Center, 1822 Mulberry St., Scranton, Pa., is Director of the Weiss Institute of Neurological Sciences, housed on the eighth floor of the Center. The Institute treats diseases of the brain, spinal cord, peripheral nervous systems and sensory organs. Until June, 1984, Dr. Sarnowski was in private practice in Melbourne, Florida, and attending neurosurgeon at the James E. Holmes Regional Medical Center there. Native Scrantonians, he and his wife and two children are happy to be back in Pennsylvania.

Stanford B. Trachtenberg, 10735 Lindbrook Dr., Los Angeles, is presently Medical Director of the Department of Radiology at Daniel Freeman Hospital in Inglewood.

1965

James R. Dingfelder, 215 Wild Turkey Tr., Chapel Hill, N.C., sent JAB an update. "I opened a new practice in February, 1984: Eastowne OB/GYN and Infertility. I am affiliated with Durham County General Hospital. My wife, Judy, works with me in 'collaborative practice' (she is an RN). Our son, Tom, is in the U.S. Navy; son, Andrew, is considering a music career (junior in high school); and son, Mike (sophomore in high school) is undecided."

Amilu S. Rothhammer, 2140 E. LaSalle St., Colorado Springs, writes: "I'm happily remarried and remain very busy in general and vascular surgery. I'm the proud grandmother of a six-month-old grandson. Multiple civic and professional offices fill in my spare time."

Sanford A. Tisherman, 8635 W. Third St., Los Angeles, is practicing obstetrics and gynecology at Cedars-Sinai Medical Center and teaching at U.C.L.A. "My oldest daughter, Deborah, who is at U.C.L.A., may want to go to Jeff someday," he writes.

Arthur N. Triester, 260 Lamplighter Ln., Huntingdon Valley, Pa., is currently in the practice of internal medicine and cardiology at Jefferson with **Warren P. Goldburgh, M.D. '52**, **Joseph F. Rodgers, M.D. '57**, and **Marc L. Schwartz**. Dr. Triester and his wife, Sharon, have two children, Stuart, 12, and Mark, seven.

1966

Lynn G. Cranmer, 1150 N. Ventura Rd., Oxnard, Ca., was recently promoted to Associate Clinical Professor

Jefferson Surgeon

by Robert R.M. Gifford, Sr., M.D.

Joseph Pancoast is an example of the nineteenth century surgeon and anatomist who taught both disciplines equally well and intertwined anatomical understanding with surgical innovation. His accomplishments are testimony to the developing imagination in pre-Halsted American surgery.

Born in 1805 near Burlington, New Jersey, Joseph was to become the first physician in the Pancoast family, which had immigrated to America with William Penn. He sought his education in Philadelphia where he received his medical education from the University of Pennsylvania. Following graduation in 1828, Dr. Pancoast entered the Philadelphia Hospital as a resident physician, specializing in surgery. His first teaching opportunity was in 1831

when he received the appointment to conduct the well known Philadelphia School of Anatomy, founded in 1820 by Dr. James V.O. Lawrence. Still continuing his clinical interests, he soon became elected physician to the Philadelphia Hospital and shortly thereafter was Physician-in-Chief of the Children's Hospital in the same institution.

With the retirement of Dr. George McClellan in 1838 from the faculty of Jefferson Medical School, Joseph Pancoast was elevated to the Chair of Surgery and thus began Pancoast's influential 36 year career at Jefferson which initially involved the Chair of Surgery and later, the Chair of Anatomy. He enjoyed great popularity for his clinical lectures and great respect for his surgical skills. Pancoast delighted in obscure and apparently hopeless cases, and frequently presented such problems to the medical students, along with evidence of clinical improvement, thereby creating enthusiasm in the future physicians to be aggressive and optimistic with such patients.

In 1861, Professor Pancoast was transferred to the Chair of Anatomy

where he remained until 1874 when the faculty elevated him to Emeritus Professor of Anatomy. Even in the didactic lectures, he tried, whenever possible, to make a practical application of anatomy. Dr. Samuel D. Gross, a contemporary and first President of American Association of Surgeons, describes Pancoast's success in teaching: "He knew how to infuse life into the cadaver; how to wake up the bones and muscles and viscera and make them respond to the diagnosis and treatment of disease and accident. He made anatomy so plain that the dullest pupil, if at all attentive, could not fail to be enlightened."

His medical writings covered a wide spectrum. In 1831, Pancoast published his first translated edition of Lobstein's *De Nervi Sympathetica Humani Fabrica et Morbis* (Paris, 1823), in which is first described a clinical case of Addison's disease, but such an entity was not appreciated until Addison's own publication of cases in 1855. He later edited Manec's *Great Sympathetic Nerves* and his *Cerebrospinal System in Man*. By 1844, the first of three editions of his own *Treatise on Surgery* was completed in a thick quarto volume containing extensive anatomic and surgical lithographic plates. While Chairman of Anatomy, Pancoast produced three editions of Wistar and Homer's *Anatomy*. In addition to these significant books, there were numerous contributions to medical journals such as *American Journal of Medical Science*, *Medical Examiner* and *American Medical Intelligence*.

Because of the breadth of his surgical experience in the mid-nineteenth century, Pancoast's innovative contributions extend to several present day surgical subspecialties. Ophthalmologically, he devised a specially hooked needle for cataract surgery, used a hollow ivory tube to puncture obstructed lachrymal ducts and treated severe strabismus by freeing connective tissue about the tendon of the internal oblique muscle. In rhino-otolaryngology, he refined rhinoplastic procedures by using an original "plow and groove," and helped to improve phonation by cutting the posterior muscles of the velum palate. Neurosurgically, Pancoast was the first in 1862 to perform division of the trigeminal nerve trunks at the foramen

Dr. Gifford, a graduate of Emory University School of Medicine, is an Assistant Professor of Surgery at the University of Texas Medical Branch in Galveston. A medical history buff he is sharing his Pancoast paper with the Jefferson audience.



Professor Joseph Pancoast

ovale exit from the skull. His other surgical contributions include an abdominal tourniquet for compression of the lower aorta to decrease blood loss in amputations at the hip joint or upper thigh. For empyema of the chest, he innovated the use of raising a semicircular flap over the ribs through which he punctured the pleura near the base of the flap, where he inserted a catheter into the empyema to create fistulous drainage; when the tube was withdrawn, the skin flap served as a valve covering.

Perhaps his most innovative operative contribution was to urologic surgery, for which he devised the first surgical repair of exstrophy of the bladder. His first procedure was done in February, 1858, and reported a year later in the *North American Medical-Chirurgical Review*:

The patient was a male, from Michigan, twenty-eight years of age and apparently stunted of growth. The walls of the bladder, when fully protruded, formed a tumour four inches in breadth, and extending vertically from about an inch below the umbilicus to the urethral groove on the top of the penis. When the lower part of the tumour was raised, the orifices of the ureters could be perceived. To prevent protrusion of the bladder...the following operation was performed: The bladder was pushed back into the cavity of the abdomen by pressure on a sponge. A large flap was raised on either side, with its base to the bladder. These were of such shape as to meet exactly in the middle line and form a sort of dome over the

cavity of the bladder, the cutaneous surface turned down toward the bladder, and the raw tissue left to cicatrize and form a new skin. The flaps were united in the middle line by the tongue and groove suture. Union took place by first intention. The bladder was completely held back, and instead of the large gap above the pubes, through which the bladder formerly bulged in a large mass, there was an opening, just above the penis, an inch long and a quarter of an inch wide, through which, with great effort, the bladder projected slightly. The patient was discharged, vastly improved, to return in the fall for closure of this small defect. This, however, was prevented by the death of the patient, two months and a half subsequently, from epidemic typhoid pneumonia.

During the years following his elevation to Emeritus Professor of Anatomy, Pancoast decreased his professional activities and devoted more time toward the passions which he enjoyed all his life: bird hunting and society. He took pleasure in seeing his only son, William Henry Pancoast (Jefferson, 1856), establish himself as a practicing Philadelphia physician. Just after his seventy-fifth birthday, he fell down a flight of stairs which rendered him almost an invalid, largely confining him to home. His wife of 51 years, Rebecca, continued to care for him until in March, 1882, when Professor Pancoast caught a severe cold and several days later, died of pneumonia in his seventy-seventh year.

To properly estimate the character and attainments of a man such as Pancoast is no easy task, for he had significant influence upon contemporary medical thought and practice. He occupied a prominent place in surgical practice and anatomy during a period of great activity and growth of medical science.

Acknowledgments. The author expresses his gratitude to Dorothy T. Hanks, History of Medicine Division, National Library of Medicine, Bethesda, Maryland, for reference materials and a photograph of Dr. Pancoast, and to Jean Ohman for typing the manuscript.

in the Department of Dermatology at the University of California, Irvine.

1967

Barry A. Silver, 636 Sourwood Dr., Hatfield, Pa., is presently Chief of Staff at North Penn Hospital in Lansdale. "Daughter Lynne, 17, is attending Anderson College."

1968

Gill R. Alderfer, 123 Mansion Dr., Media, Pa., has been associated with **David S. Ginsburg, M.D. '78**, in the practice of obstetrics and gynecology since July of 1982.

Virginia C. Poirier, 500 Elmhurst Ci., Sacramento, Ca., joined Permanente Medical Group in Sacramento to practice neuroradiology.

Kenneth B. Reynard, 5505 S. Krameria, Englewood, Co., is a neuroradiologist at St. Anthony's Hospital in Denver.

Harold A. Yocum, 3140 Alkire St., Golden, Co., "decided to go into private practice this year, limited to surgery of the hand and upper extremity... family still growing... still involved with the U.S. Army in the reserves, and with orthopaedic residency program at Fitzsimmons Army Medical Center. I am also involved in Scouting as Scoutmaster and on the National Health and Safety Committee."

1969

Robert Abel, Jr., 1100 N. Grant Ave., Wilmington, De., received the American Academy of Ophthalmology's Honor Award at the annual meeting in Atlanta. As Clinical Associate Professor at Jefferson, Dr. Abel is organizing a cataract-implant-keratoplasty workshop for North African Ophthalmologists in Tunisia in February, 1985.

1970

Steven A. Klein, 33 Shepherd Ln., Roslyn, N.Y., continues as Director of Maternal-Fetal Medicine at Nassau Hospital. He has acquired a fellowship in this discipline. "Daniela is actively involved in community affairs; Barah, Alexa and Jordana keep us busy. Barbara and **Peter D. Pizzutilla, M.D. '70**, shared my 40th birthday with me in October."

Lawrence S. Miller, 145 S. Burlingame Ave., Los Angeles, and his wife, Anita, announce the birth of their sixth child, Sloane Kimberly, who joins Torrey,

Justin, Shana, Elisa and Tiffany. Dr. Miller has recently been promoted to Clinical Associate Professor of Medicine at UCLA.

Paul M. Selinkoff, 4499 Medical Dr., San Antonio, has just left the Air Force after twelve and a half years, and has opened a general surgery practice in San Antonio. "I have been getting a lot of publicity for my surgery in morbid obesity," he writes.

Roger L. Terry, 1501 Clubview Dr., Lima, Oh., was recently elected to membership in the American Orthopaedic Society for Sports Medicine.

Louis Vignati, 14 Saxon Tr., Newton Highlands, Ma., is a member of the staff and Trustee of the Joslin Diabetes Center in Boston. A board certified endocrinologist, he is Director of the Fellowship Program and Patient Care and teaches at Harvard Medical School. He and his wife, Ruth, live in Newton with their two children, Kathryn, 14, and Jonathan, 11. He has traveled to Venezuela, Peru, Guatemala and Puerto Rico lecturing on diabetes.

1971

Harry R. Cramer, Jr., 7 Sheridan Ave., S., Minneapolis, announces the birth of a daughter, Paige, on March 28, 1984. His wife, Gayle, is practicing law part time for a local firm. "We're enjoying Minnesota's variety of outdoor activities (ice removal, snow shoveling, sanding the sidewalks, caulking the house, etc.)!"

T. Jeffrey Dmochowski, 17 Wandering Tr., Pittsford, N.Y., was one of two physicians at Rochester General Hospital voted most outstanding teaching surgeon by the surgical residents. A plaque bearing his name will be placed outside the O.R.

Daniel B. Gould, St. Agnes Hospital, 900 Caton Ave., Baltimore, has been appointed Chairman of the Department of Anesthesiology at St. Agnes. Dr. Gould will be responsible for the medical management and administrative guidance of the department; before the appointment, he maintained a private practice of anesthesiology at the 850-bed St. John's Mercy Medical Center in St. Louis.

1972

Sanford Fitzig, 243 Post Oak, Wichita, Ks., writes, "Elly and I are happy after five years here. I am on the Executive Committee of the Wichita Clinic (75 MDs) and look forward to moving

into our new clinic building. **Preston Flanigan, M.D. '72**, recently lectured in Wichita on peripheral vascular disease and surgery."

1973

Barry B. Abraham, 1231 Boburn Dr., Penn Valley, Pa., announces his association in the private practice of dermatology and dermatologic surgery with a special interest in MOHS surgery for skin cancer.

Gary M. Brownstein, 3918 W. Meadow Ln., Orange Village, Oh., reports, "In addition to our two daughters, Heather and Nori, my wife, Sydney, gave birth to a son, Lee, in February."

Arthur W. Colbourn, 2820 Kennedy Rd., Wilmington, De., is President of the Delaware Chapter of the American Heart Association, as well as Governor (for Delaware) of the American College of Cardiology.

Cyril M.J. Puhalla, 311 W. Grove St., Dunmore, Pa., writes, "We have a daughter, Christina Lee, who celebrated her first birthday December 21, 1984."

Ronald L. Souder, Rocky Dale Rd., Green Lane, Pa., writes, "We have another girl born in February! Now we have Jennifer, six; Emily, two; and Katie, nine months!"

Frank M. Taylor, 3408 Moran Rd., Tampa, Fl., and Mrs. Taylor announce the birth of their son, James Charles, who joined his two brothers and three sisters on June 15, 1984.

1974

R. Brooke Jeffrey, Jr., 826 Douglass St., San Francisco, has been promoted to Associate Professor of Radiology at University of California, San Francisco.

Michael H. LeWitt, 1128 Cymry Dr., Berwyn, Pa., was recently recertified in family practice (1984) and in Occupational Medicine (1983), and was elected to membership in the American College of Physicians and to fellowship in the Philadelphia College of Physicians.

John P. Lubicky, 8494 Woodbox Rd., Manlius, N.Y., is Assistant Professor of Orthopaedic Surgery and Pediatrics at SUNY Upstate Medical Center. "I have recently been admitted to membership with the Pediatric Orthopaedic Society and will become a Fellow of the American Academy of Orthopaedic Surgeons this year."

Robert J. Wasnick, 8 Church St., Wilkes Barre, Pa., was recently appointed Director of Pediatric Urology at the University Hospital of SUNY at Stony Brook School of Medicine, New York. Dr. Wasnick's practice consists of clinical and operative management of pediatric urological cases at the medical school, as well as a faculty appointment as Assistant Professor in the New York University system.

1975

Angelo S. Agro, 107 Wilshire Ave., Deptford, N.J., and his wife, Rosalie, are pleased to announce the birth of their third child, Nicki Jo, on September 5, 1984.

Gary S. Clark, 28 Crestview Dr., Pittsford, N.Y., has been promoted to Associate Professor of Clinical Rehabilitation Medicine at the University of Rochester. He continues as Director of the Monroe Community Hospital Rehabilitation Unit. "Our two-year-old daughter, Julianne, continues to be our pride and joy!" he writes.

Robert Y. Gumnit, 1407 Starling Ln., Cherry Hill, N.J., announces the birth of "our second child, Shana, born on November 7, 1984."

Steven L. Horowitz, 824 Maple Rd., Flossmoor, Ill., writes, "My children are growing—Jeanne is seven and David, one and a half. My classic car collection is also growing. All friends are invited to call and visit when in Chicago."

Susan M. Luscombe and **Donald McLeod**, 5825 Collins Ave., 9D, Miami Beach, "welcome with love our son Mark Andrew McLeod, born November 13, 1984, weighing seven pounds, two ounces."

Donald E. Schepps, 2656 Edith Ave., Redding, Ca., is in the solo practice of general surgery at Mercy Medical Center and Redding Medical Center; there is the possibility of a future fellowship in vascular surgery. Dr. Schepps is Assistant Clinical Professor of Surgery at the University of California, Davis, and on the Board of Directors at Shasta-Trinity County Medical Society.

1976

David C. Brock, 1876 Erin Dr., Altoona, Pa., has been named Director of the three-year family medicine residency program, Allegheny Family Physicians, at Altoona Hospital. Dr. Brock has been Associate Director since 1982, following three years of private practice in Reading, Pennsylvania.

John R. Cohn, 518 Penn Valley Rd., Narberth, Pa., was promoted to Clinical Assistant Professor of Medicine at JMC.

Richard F. Eisen, 80 Sandwich St., Plymouth, Ma., has been granted admitting privileges at The Jordan Hospital. Dr. Eisen practices dermatology at the office on Sandwich Street. He is a Diplomate of the National Board of Medical Examiners, a Diplomate of the American Board of Internal Medicine, an Associate of the American College of Physicians and the author of numerous articles.

Scott M. Goldman, 1420 Locust St., Philadelphia, has been appointed Instructor in the Department of Surgery at JMC.

1977

Cynthia B. Altman, 3901 Conshohocken Ave., Philadelphia, was a delegate from the Philadelphia County Medical Society to the 1984 Annual Session of the Pennsylvania Medical Society House of Delegates in Camp Hill, Pennsylvania, in October. She successfully enacted a statewide commitment to an expanded Impaired Physicians Program.

Leopoldo E. DeLucca, 2626 Woodland Dr., Ft. Dodge, Ia., became a Fellow of the American College of Surgeons in October, 1984.

Victor A. Ferraris, 413A Washington Blvd., Presidio, San Francisco, is finishing a cardiothoracic residency at Letterman Army Hospital.

John A. Ferriss, RFD 1, Box 10, Charlotte, Vt., and his wife, Mary, announce the birth of their daughter, Katherine Jane, on February 5, 1984.

Gregory A. Hoffman, 4167 Woodstock Dr., Fort Wayne, In., is an orthopaedic surgeon specializing in spinal deformities. His "wife, Suzanne, and children, Amanda (5) and Walt (2), doing well. Expect number three in February, 1985."

John V. LaManna, Olympic Dr., Flying Hills, Reading, Pa., has joined the Proserpi-Moser Plastic Surgery Clinic in West Reading.

David M. Rodgers, 228 E. Meade St., Philadelphia, has been elected to Fellowship in the American College of Cardiology. Dr. Rodgers is currently Assistant Professor of Medicine at the Medical College of Pennsylvania and a staff cardiologist at Chestnut Hill Hospital.

1978

Allan S. Davis, 250 College Ave., Lancaster, Pa., has been appointed to the Department of Medicine, Division of Hematology and Oncology, at Lancaster General Hospital. Dr. Davis completed a fellowship in hematology-oncology at the Hospital of the University of Pennsylvania. A Diplomate of the American Board of Internal Medicine, he is practicing with an associate at the College Avenue address.

Daniel F. Flynn, 4439 N. O'Connor Rd., Irving, Tx., completed his residency and fellowship at Massachusetts General Hospital and for two years has been Director of Radiation Oncology at the University of Texas Southwestern Medical School. He is founder and presently faculty advisor for the Association of Residents in Radiation Oncology (ARRO), a resident-run organization of all the 532 residents in the United States. (non-dues)

David M. Goodman, 6100 Henry Ave., Philadelphia, is a Fellow in surgical pathology at the Albert Einstein Medical Center's Northern Division in Philadelphia. "On September 8, 1984, Haekyong Chang and I were married, and we currently live in Roxborough".

Nat E. Levinson, 746 Jefferson Ave., Scranton, Pa., has opened his office for the practice of pulmonary diseases and intensive care medicine. Dr. Levinson is affiliated with Moses Taylor Hospital, Mercy Hospital, Community Medical Center, Scranton State Hospital and Mid-Valley Hospital. He maintains active staff affiliation with the Pulmonary Department of Temple University Hospital, Philadelphia.

1979

Terry B. Bachow, 3613 Carambola Ci. N, Coconut Creek, Fl., announces, with his wife, Barbara H. Bachow, M.D., the birth of their son, Spencer Henick, on September 24, 1984. In January, Dr. Bachow began the practice of radiology and neuroradiology at Holy Cross Hospital in Fort Lauderdale.

Howard B. Cotler, 333 E. Ontario St., Chicago, is finishing a spinal cord injury fellowship at Northwestern Memorial Hospital and getting ready to move to Seattle to begin a shock-trauma fellowship at Harborview Medical Center. His new address will be: 603 13th Ave. E., Apt. 4000, Seattle, Washington 98102.

John D. Cunningham, 418 E. Lancaster Ave., Wayne, Pa., has been

appointed Instructor in the Department of Otolaryngology (Bryn Mawr Hospital affiliate).

Steven A. Foreman, 2686 38th Ave., San Francisco, married Jennifer Nelson in July, 1983. He is finishing his second year of a fellowship in child psychiatry.

Thomas W. Gardner, Franklin Eye Associates, 312 13th St., Franklin, Pa., has joined the staff at Franklin Regional Medical Center. Dr. Gardner completed a three-year residency in vitreo-retinal diseases and surgery at the Bascom Palmer Eye Institute in Miami this past summer. He was awarded support for the fellowship by the Heed Foundation. His special interest in ophthalmology and eye surgery is retinal diseases.

Harry A. Hamburger, 2025 Brickell Ave., Miami, has opened a practice of ophthalmology in Coral Gables with subspecialty interests in neuro-ophthalmology and ocular-electrophysiology.

Robert L. Herman, 1700 Chester Mill Rd., Silver Spring, Md., announces the birth of Gregory Marc on April 14, 1984. Dr. Herman is completing a cardiology fellowship at Walter Reed Medical Center.

Creston C. Herold, Jr., 207 Green Lane Dr., Camp Hill, Pa., announces "our second child, Creston David, was born April 12, 1984. The family practice I share with **Jeffrey N. Potter, M.D.** '79, is growing rapidly."

Steven Levenberg, 16 Exeter Ct., Langhorne, Pa., and his wife, Patti, announce the birth of their first child, **Jeffrey Michael**, on September 18, 1984.

Michael McGlaughlin, 125 Park Ave., Gettysburg, Pa., says "Family practice in Gettysburg is doing well. We welcomed daughter, **Kelly Jo**, on August 29, 1984; she joins brother, **Eric**, who is three."

Jonathan W. Sastic, Box 253A, Oneonta, N.Y., writes that he and **Lois M. Sastic, M.D.** '79, both have completed their surgical residencies at the Wilmington Medical Center in Wilmington, Delaware, and have joined Oneonta Surgical Associates in the practice of surgery at A.O. Fox Memorial Hospital in Oneonta.

Herbert D. Snyder, Medical Dept., USS America CV66, FPO N.Y., is now serving in the U.S. Navy as ship's surgeon aboard an aircraft carrier. Dr. Snyder recently returned from a deployment in the Indian Ocean and Mediterranean Sea.

Richard W. Ziegler, 404 Brentwood Rd., Havertown, Pa., writes that he and his wife, Beth, have two children, Ricky, three and a half, and Lauren, one and a half. Dr. Ziegler is practicing orthopaedic surgery at Lankenau Hospital.

1980

Raymond F. Nungesser, State and Walnut Sts., Millville, Pa., has been hired by Bloomsburg University to serve the medical needs of the students there. Dr. Nungesser is Director and **Eric W. Longenbach, M.D.** '81, Associate Director. Both are staff physicians at Bloomsburg Hospital, and share a private practice in Millville.

James P. Paskert, 6721 Bonnie Ridge Dr., Baltimore, announces the birth of a second daughter, **Alexis**, on June 20, 1984. Along with his wife, Michelle, and daughter, Emily, three, Dr. Paskert lives at the address above. He is presently a microvascular research Fellow, and will begin a plastic surgery residency at Johns Hopkins Hospital in July, 1985.

David F. Podrasky, 1477 Revere Rd., Yardley, Pa., writes that he is "thoroughly enjoying practicing OB/GYN in a partnership in Langhorne. Also, my wife, Carol, and I are thrilled with our daughter, Allison Blair, born December 3, 1983."

1981

John D. Angstadt, 728 South St., Philadelphia, married Joanne F. Fitzgerald on May 19, 1984. Dr. Angstadt is currently a fourth year resident in surgery at Jefferson; his wife also works at TJUH.

Daniel L. Diehl, 128 E. Clay St., Lancaster, Pa., has been appointed Medical Director at Willow Valley Manor, a Life Care Retirement Community outside of Lancaster. Dr. Diehl is currently at Lancaster General Hospital in the Office of Family and Community Medicine.

David J. Ellis, 3710 Lankenau Rd., Philadelphia, and his wife, Sally, are happy to announce the birth of their first son, **Jordan M.**, on September 14, 1984.

Gary E. Fink, 3000 Hillsboro Rd., Nashville, Tn., will start a fellowship in rheumatology at the Medical University of South Carolina in July, 1985.

Diane R. Gillum and **Stephen P. Gadomski**, 248 Crosshill Rd., Penn Wynne, Pa., write, "Our respective

residencies prevent us from seeing each other frequently yet we've gotten along very well! Could this be related? Our attendings warned us about this. It's amazing (and strange) to see that some fellow classmates are now attendings. Is there no justice?!"

Robert J. Mann, Albert Einstein Medical Center, York and Tabor Rds., Philadelphia, has recently opened an office in Hatboro, Pennsylvania, and maintains an affiliation with Warminster General Hospital. Dr. Mann is an internist.

David M. Mannino III, 601 Greenfield Dr., Lexington, Ky., is fulfilling his NHSC Commitment in the Bureau of Prisons, working at FCI, Lexington. He ran into classmate **Michael P. O'Leary** at the Internal Medicine Boards.

James M. McWeeney, 802 West Ln., Lebanon, Oh., and his family, have recently moved. He writes that "the latest arrival, Jimmy, already sings like his old man."

Christopher J. Rosko, 203 Autumn Tr., Anniston, Al., will be "free at last" from his Army duty in June, 1985, and will begin his residency at University Hospitals, University of Alabama (Birmingham) in anesthesia in July. "Anyone traveling south, drop on in."

Richard M. Rybarczyk, 7023 Hollydale, San Antonio, married Cheryl Christian in February 1983. Dr. Rybarczyk is in his last year of OB/GYN residency.

Barbara and **David W. Swan** have both joined the staff of Sewickley Valley Hospital, Sewickley, Pennsylvania. Dr. Barbara is a specialist in physical medicine and rehabilitation; she also practices at D.T. Watson Rehabilitation Hospital in Sewickley. Dr. David's practice is in family medicine. Both Swans served their residencies in the University of Cincinnati Hospitals.

John P. Welch, 122 Hillymede Rd., Harrisburg, Pa., is "busy in the private practice of family medicine, and has entered into partnership with **J. Harold Engle, M.D.** '39, of Palmyra, New Jersey. They have recently remodeled an old General Store in Harper's Corner, Pennsylvania, into a Family Practice Office.

George A. Winch, Jr., Box 417, Owyhee, Nv., is currently the Clinical Director of the Owyhee Indian Health Service Hospital on the Nevada-Idaho border.

Maureen L. Yelovich, 135 Pennsylvania Ave., Bryn Mawr, Pa., announces with her husband, **Richard M. Yelovich, M.D.** '81, the birth of their first child, **Matthew Martin**, born August 11, 1984.

Dr. Maureen is in private family medicine practice in Paoli; Dr. Richard is starting a radiation therapy residency.

1982

Richard D. Bruehlman, 300 Center Ave., Pittsburgh, is Chief Resident in family practice at St. Margaret Memorial Hospital. His wife, **Patricia M. McGuire, M.D.** '79, is a faculty member (child psychiatry) at Children's Hospital of Pittsburgh. The couple expects their first child in February, 1985.

Bruce S. Cohick, 2512 N. Fourth St., Harrisburg, Pa., and his wife, Lisa, announce the birth of their second child, Eileen, May 1, 1984.

Melanie Freed, 1-C Hunter Ci., Mt. Holly, N.J., married Richard Riemersma (Hahnemann Medical School, '82) on September 8, 1984. She is working for the Air Force at McGuire AFB.

Denise Crilly McFadden, 138 Carteret St., Glen Ridge, N.J., is in her second year of radiology residency at St. Vincent's Hospital and Medical Center in New York City. She and her husband, Tom, just bought a new house.

Robert M. McNamara, 1300 Fayette St., Conshohocken, Pa., reports a son, Robert, born August 10, 1984. Dr. McNamara competed in Hong Kong in June as a member of the U.S. Rowing Association Dragon Boat crew.

David K. Moore, 264 Memorial Hgy., Shavertown, Pa., was married in July, 1984, to Ann White. Dr. and Mrs. Moore honeymooned in Maine and Nova Scotia.

Jerry M. Roth, 1876 Woodland Rd., Abington, Pa., married Susan Forman in August, 1984. Dr. Roth is completing an internal medicine residency at Abington Memorial Hospital.

Stuart J. Singer, 71 N. Prospect St., Burlington, Vt., writes that he is enjoying his second year of radiology. "Stop in if you're skiing nearby."

Julius S. vonClef III, 50 Bittersweet Ct., Norristown, Pa., is a third year resident at Montgomery Family Practice Center, and will be taking on a Public Health Service Commitment in Staunton, Virginia, in August of 1985.

Frans A. Vossenbergh III, 2919 W. Grace St., Richmond, Va., announces the birth of Frans J. III, who was named for his grandfather, **Frans J. Vossenbergh, M.D.** '50.

Eric R. Weaverling, Box 332, Osterburg,

Pa., is currently Chief Resident of the Family Practice Program at Conemaugh Valley Hospital in Johnstown, and is board eligible for the family practice specialty. Dr. Weaverling and six other physicians form the Emergency Department at Nason Hospital, where Emergency Medicine Week was recently sponsored by the American College of Emergency Physicians and by the hospital.

Edward G. Zurad, Lancaster General Hospital, Lancaster, Pa., will soon be opening up a practice in family medicine in the Whiteville, North Carolina area. He is finishing his residency in Lancaster. Dr. Zurad's training is geared toward internal medicine and pediatrics; he will apply for staff privileges at the Columbus County Hospital.

1983

Richard P. Baker III, 1948 S. Hall St., Allentown, Pa., married Colleen E. Mullen October 15, 1984.

Ellen K. Blair, 3706 Spring Garden St., Philadelphia, is working in internal medicine at the Philadelphia Naval Hospital.

Martin B. Getzow, 175 Lionhead Ct., Rossville, Md., married Barbara Shirley Ivsek of Somerville, New Jersey, and Baltimore, on September 9.

Daniel Haimowitz, 1000 Walnut St., Philadelphia, is a medical resident, PGY II, at TJUH. "Still single, in the face of all my friends and colleagues getting married. My brother (1985) and sister (1986) are both students at JMC."

Scott A. Trezza, 3331 Summit Blvd., Pensacola, Fl., is currently enrolled in a Naval Flight Surgeon Training Program there. He is also singing with the Naval Aviation Command Choir.

1984

J. Christopher Daniel, 1522 First St., #302, Coronado, Ca., is a basic surgery intern at the Naval Hospital in San Diego along with classmates **Robert D. Wallace, M.D.** and **Richard W. Tobin, Jr., M.D.** Dr. Daniel loves California.

Ian S. Grimm, Naval Hospital, Bethesda, Md., has married Theresa E. Raphael of Saddle River, New Jersey. Dr. Grimm is serving a one-year residency in internal medicine there.

Kathleen McAleese Hoerner, 400 W. Hortter St., Philadelphia, married Mr. Henry Rhodes Hoerner, 3rd, on May 5.

Obituaries

Armando Garcia-Soltero, 1916

Died February 20, 1984 at the age of 90. Dr. Soltero, who practiced in Puerto Rico for over 65 years, specialized in obstetrics and gynecology. Surviving are three daughters and a son, **Armando Garcia-Castillo '43**.

Charles O. Bristow, 1918

Died September 17, 1984. Dr. Bristow practiced general medicine in Rockingham, North Carolina.

Paul B. Reisinger, 1918

Died November 24, 1984. Dr. Reisinger was a general practitioner in Trenton, New Jersey. He was a Life Member at Jefferson of both the Thomas Jefferson University Founder's Fund and the President's Club. A sister survives him.

Burgess L. Gordon, 1919

Died November 16, 1984 at the age of 93. Dr. Gordon began his professional career at Jefferson where he remained until 1951, serving as Professor of Clinical Medicine and Cardiopulmonary Diseases. Director of the Department of Diseases of the Chest, he served on the Board of Directors of the White Haven Sanatorium. In 1951 he was named President of the Woman's Medical College (now the Medical College of Pennsylvania) and served there as the William J. Mullen Professor of Medicine. His next post was as Director of Clinical Investigation and Education at the Lovelace Foundation in Albuquerque, New Mexico, a post he held until 1960. Dr. Gordon was then named Associate Editor of the Journal of the American Medical Association (JAMA). He had been residing at Cathedral Village in suburban Philadelphia in recent years. He is survived by a son and a brother.

M. Henry Speck, 1920

Died November 20, 1984 at the age of 87. Dr. Speck had practiced as an

eye, ear, nose and throat specialist in Youngstown, Ohio, for over 50 years, and served on the staff of the Youngstown Hospital Association. He maintained an interest in industrial medicine serving many area companies. Dr. Speck was named a Fellow of Jefferson's President Club in 1980 for his extraordinary generosity to his Medical College. The Doctors Julius C. and M. Henry Speck Scholarship Fund was established in 1978. Dr. Julius Speck, his brother, was a member of the class of 1919.

Nathan A. Kopelman, 1921

Died November 8, 1984 at the age of 86. Dr. Kopelman was a cardiologist in New Kensington, Pennsylvania, and a pioneer in the field of electrocardiography. A past President of the Westmoreland County Medical Society and the medical staff at Citizens General Hospital he was a Fellow of the American College of Angiology and the American Heart Association of which he served on the Board. His wife, Freda, and a son survive him.

Henry A. Brodtkin, 1924

Died November 29, 1984 at the age of 83. Dr. Brodtkin was a thoracic surgeon on the staff of Beth Isreal Medical Center in Newark, New Jersey, retiring just eight years ago. He continued to serve as a consultant at Irvington General Hospital and Deborah Heart and Lung Center. A Fellow of the American College of Surgeons, the International College of Surgeons and the American College of Chest Physicians, he served as past President of the New Jersey Tuberculosis League. He is survived by his physician wife, Eva, a daughter and two sons, one of whom is Roger H. Brodtkin '58.

Harry Gross, 1926

Died August 26, 1983 at the age of 82. Dr. Gross, a resident of New York City, was certified by the American Board of Internal Medicine.

Edward P. McDonald, 1926

Died September 21, 1984 at the age of

82. Dr. McDonald practiced obstetrics and gynecology in Albany, New York, for 52 years. At the time of his death he was Professor Emeritus of Clinical Obstetrics and Gynecology at Albany Medical College. He had been Clinical Professor of Gynecology at St. Peter's Hospital and Albany Medical Center. Surviving are his wife, Ellen, a daughter and a son.

Peter L. Boyle, 1927

Died October 24, 1984 at the age of 84. Dr. Boyle retired in 1967 and moved to Middleton-on-sea, West Sussex, England. Prior to his move he had practiced obstetrics and gynecology for 30 years in Youngstown, Ohio. There he was member of the staff of St. Elizabeth's Hospital where he served as Director of the Department from 1958 to 1960. His wife, Gwyn, survives him.

Norman R. Benner, 1928

Died August 18, 1984. Dr. Benner was a general practitioner in Johnsonburg, Pennsylvania.

David M. Farell, 1928

Died September 22, 1984 at the age of 81. Dr. Farell was Honorary Professor of Obstetrics and Gynecology at Jefferson and had maintained a center city practice for over 50 years. He also was an Associate Director of the Gynecological Cancer Clinic at TJUH. Surviving are his wife, Elizabeth, and two daughters.

William T. Lampe, 1928

Died September 25, 1984. Dr. Lampe specialized in internal medicine and diseases of the chest. He served on the staffs at Episcopal and Philadelphia General Hospital and was Assistant Director at Landis State Hospital. Since his retirement in 1973 he has been residing at Southampton Estates outside of Philadelphia. Dr. Lampe was a member of the Pennsylvania Medical Society of which he was Vice President in 1959, the American College of Chest Physicians, the Laennec Medical Society and the American Trudeau Society among others. Surviving are his wife and a son, William T. Lampe, II '57.

Joseph M. Walsh, 1929

Died May 31, 1984 at the age of 78. Dr. Walsh, a resident of Erie, Pennsylvania, was a general surgeon.

Fay M. Whitsell, 1929

Died December 10, 1984 at the age of 78. Dr. Whitsell, an ophthalmologist, practiced with his son David C. Whitsell '56, in Chicago. He was associated with Hinsdale, South Shore, Woodlawn and Palos Community Hospitals. Dr. Whitsell was a Fellow of the American Academy of Ophthalmology. In addition to his son he is survived by his wife, Elizabeth, another son and two daughters.

Wallace E. Hopkins, 1930

Died December 6, 1984 at the age of 78. Dr. Hopkins had practiced general medicine in Dallastown, Pennsylvania; Until his retirement in 1983. He was a past President of the Pennsylvania Academy of Family Practice and the York County Medical Society. Dr. Hopkins was a Diplomate of the American Academy of Family Physicians. Surviving are his wife, Wilma, a son and two daughters.

J. Norman Reeves, 1930

Died August 28, 1984 at the age of 80. Dr. Reeves, a resident of Westernport, Maryland, practiced ophthalmology and otolaryngology at the Reeves Clinic with his twin brother, Raymond Reeves, '33. He was a Diplomate of the American Board of Otolaryngology and a Fellow of the American College of Surgeons. Surviving are his wife, Margaret, and brothers Raymond and Henry.

Herman M. Schreiner, 1932

Died October 27, 1984. Dr. Schreiner, who had been residing in Virginia Beach, had practiced general surgery in Lansdale, Pennsylvania. A daughter survives him.

Morton J. Crow, 1933

Died November 30, 1983. Dr. Crow, who was residing in Deerfield Beach, Florida, at the time of his death, prac-

ticed general medicine in Warren, Ohio. A charter member of the American Academy of Family Practice, he was a past Chief of Staff at Riverside Hospital. Surviving are his wife, Cecelia, a son and daughter.

Charles W. Semisch, III, 1933

Died December 6, 1984 at the age of 77. Dr. Semisch, who was residing in Clearwater, Florida, at the time of his death, was an Associate Professor of Medicine at Jefferson. He had served as Utilization Coordinator and Chairman of the Division of Cardiology at TJUH. Dr. Semisch was a Fellow of the American College of Physicians and was a member of the American Heart Association. Surviving are his wife, Margaret, and two sons.

Marshall F. Shields, 1933

Died September 4, 1984. Dr. Shields was a psychiatrist in Springfield (Delaware County), Pennsylvania.

Joseph P. Robinson, 1934

Died October 7, 1984 at the age of 76. Dr. Robinson was the retired Medical Director of the Bethlehem plant of the Bethlehem Steel Corporation. He was a member of the American Academy of Occupational Medicine and served on the courtesy staff at St. Luke's Hospital. Surviving are his wife, Ada, and a son.

Archie J. DeSantis, 1935

Died May 1, 1984 at the age of 76. Dr. DeSantis served as physician for the Erie (Pennsylvania) School District.

David H. Goodman, 1935

Died December 13, 1984 at the age of 76. Dr. Goodman was an internist with offices in the Mayfield area of Philadelphia. He served on the staffs of Albert Einstein Medical Centers and Rolling Hill Hospital. His wife, Janet, and two sons survive him.

Joseph F. Lipinski, 1937

Died October 11, 1984 at the age of 76. Dr. Lipinski was a cardiovascular surgeon in New Kensington, Pennsylvania. He was a past President of the Westmoreland County Medical Society

and the medical staff of Citizens' General Hospital. Surviving are his wife, Idella, and four sons, one of whom is **Joseph F. Lipinski, Jr. '66**.

Welland A. Hause, 1938

Died November 23, 1984 at the age of 72. Dr. Hause was Director of Laboratories at St. Mary's Hospital in Decatur, Illinois, and an Associate Professor of Pathology at St. Louis University. He was a Fellow of the College of American Pathologists, American Society of Clinical Pathologists and the American College of Physicians and was a member of the International Academy of Pathology and the Royal Academy of Medicine in Great Britain. Surviving are his wife, Sally, five sons and a daughter.

George R. Wentzel, 1938

Died September 30, 1984. Dr. Wentzel was an ophthalmologist in Sunbury, Pennsylvania.

William B. Birch, 1945

Died June 26, 1984. Dr. Birch was a urologist in Waynesburg, Pennsylvania. His wife, Mina, survives him.

Jack Gelb, 1946

Died July 14, 1984 at the age of 63. Dr. Gelb, a member of the American Academy of Family Physicians, served as President of the Delaware Academy of General Practice and was a member of the staff council of the Wilmington Medical Center. He was active in teaching at the Center where he served as Secretary for the Departments of Medicine and Family Medicine. Dr. Gelb was appointed by Governor duPont to the Board of Medical Practice for the state of Delaware and served the Academy on numerous committees. Surviving are his wife, Patricia, and two sons.

G. Robert Reinhardt, 1947

Died October 2, 1984 at the age of 61. Dr. Reinhardt, who died in Amsterdam, Holland, while on vacation, was a resident of Kansas City, Missouri. He was a general surgeon and had served as President of the Kansas City Chapter of the National Council on Alcoholism. Surviving are his wife, Virginia, a physician son and a daughter.

Playford Boyle, Jr., 1954

Died August 4, 1984 at the age of 60. Dr. Boyle, a resident of Sarasota, Florida, practiced obstetrics and gynecology there. Surviving are his wife, Nancy, a son and daughter.

Frederick Lytel, 1955

Died November 3, 1984 at the age of 57. Dr. Lytel was Clinical Assistant Professor of Family Medicine and Director of the Residency Program at Abington Memorial Hospital. He received the Legion of Honor of the Chapel of Four Chaplains. Surviving are his wife and partner, Dr. Sandra Harmon Lytel, two sons, a daughter, and step-daughter.

John J. Tambascia, 1959

Died December 29, 1984 at the age of 52. An internist, Dr. Tambascia practiced in Kendall Park, New Jersey. He is survived by his wife, Anne, a son and a daughter.

Wesley L. Cashatt, 1962

Died October 11, 1984 at the age of 59. Dr. Cashatt was a psychiatrist associated with the Springfield Hospital Center in Maryland. He resided in Ellicott City. A board certified psychiatrist, he served as Assistant Director of the city division for patients from Baltimore and maintained a small private practice. Surviving are his wife, Nancy, and a daughter.

Herman F. Boerner, Faculty

Died September 28, 1984. Dr. Boerner was a Clinical Assistant Professor of Psychiatry and Human Behavior and served on the staffs of Philadelphia General, Methodist, Presbyterian and St. Joseph's Hospitals and was staff psychiatrist at Bryn Mawr Hospital. Surviving are his wife, Vera, a daughter **Carol Boerner '76**, a son **David Boerner '81** and another son, Thomas, who is a junior at JMC.

Samuel Rynes, Faculty

Died November 26, 1984 at the age of 76. Dr. Rynes was an Associate Professor of Medicine at Jefferson and an allergist. Surviving are his wife, Mildred, a daughter and a physician son.

Military Medicine

*A Navy surgeon
talks about
"going where I'm needed"*

by Judy Passmore McNeal

With the mention of military medicine, visions come to mind of white uniforms, sterile surroundings and plenty of reinforcements. However, for Captain Alfred J. Martin, Jr., M.D. '64, military medicine means being the first American on the scene after the first Embassy bombing in Beirut in April, 1983.

Dr. Martin has weathered two deployments at this location off the coast of Lebanon. The first trip, on the *U.S.S. Guadalcanal*, in the spring of 1983, was pleasant, with social visits and shopping jaunts on shore, and the opportunity to play host to dignitaries aboard ship. "The American presence was of greater importance because we were neutral and open," he explained. On the *U.S.S. Nassau*, however, during the spring of 1984, conditions and politics had changed, so only professional and official business transpired. In Dr. Martin's case, this meant "house calls" on Embassy officials and their families, and some State Department meetings.

Back on Jefferson's campus for his 20th reunion last June, the Navy Captain recalls some of the history of beleaguered Lebanon, and of his experiences there. He was one of three surgeons among the ten physicians and 40 corpsmen who tended to the medical needs of the two to three thousand Navy men and Marines stationed aboard this ship and the companion support vessels.

In April, 1983, on a "flukey Monday," the American Embassy was bombed. Dr. Martin and an associate had left the building ten minutes before, and were seated in a nearby restaurant when "the world exploded." Racing back to the Embassy, they saw that two-thirds of the building had been destroyed.

They were the first Americans on the scene, he the only doctor for almost an hour. It was his first experience with something even remotely resembling the carnage that faced him. "Wholesale slaughter," he said, still disbelieving his memory. "Incredible. They took 2800 pounds of TNT, loaded up a truck, and set out to destroy an eight-story building and everyone in it. It was furious! One hundred and seventy casualties in three hours. I have taught emergency medicine, but none of it applied." He was surprised that he stayed "reasonably cool. It was an awesome feeling; I

was overcome with something. There was no stabilization on the scene."

They learned afterward that the Ambassador, targeted for the bomb, was not seriously injured. No one died who was taken out alive. With the building ablaze, they tried to extricate a soldier whose arm was pinned down by concrete slabs from the ceiling. They couldn't speak his language and suffered the quandary of how to solve the gruesome problem. As flames approached, a French-speaking doctor arrived with a large group of men who were able to lift the concrete and take the man, seriously hurt, but alive, to the hospital.

Seventeen Americans were killed. There would have been more but, as he said, it was a flukey Monday.

In retrospect, he sees again and again how truly unusual it was, and lists a series of coincidences proving to him and to others that "our time just wasn't up yet." Every Monday, the scheduled procedure dictated that he and his Chief Staff Officer (CSO) go into Beirut by helicopter to see patients and attend meetings at the Embassy. This particular day, the Marine jeep was late coming for them. The CSO became uncharacteristically angry as the minutes passed, and by the time the jeep arrived, he refused to go. The Public Affairs Officer (PAO) accompanied Martin to the helicopter and once in Beirut, they were driven by jeep to the Embassy. Both men finished their tasks earlier than usual, and stood under the entranceway to the building deciding where to eat lunch. The government cafeteria had good food, but the PAO recommended a restaurant two blocks away. They told the driver to join them but he, feeling out of place with officers, demurred. Martin called over, "C'mon, I'll buy you lunch," so he reluctantly joined them.

Before they had opened their bottle of wine, the Embassy exploded and they were running back. The jeep, where their driver would have been waiting, had been blown across the street, landing upside down. The entranceway, where moments before they had stood making luncheon decisions, was the site of the bombing. The building would have been further destroyed if the Ambassador's big Chrysler had not been parked in such a way that the bomb-laden truck could not completely enter the courtyard.



Captain Martin aboard the USS PONCE (LPD-15), secondary casualty receiving ship in the 1984 task force off Lebanon. Halfway around the world, he ran into 1981 JMC alumnus Jay E. Lasner, M.D., a helicopter surgeon stationed in Beirut.

Otherwise, he pointed out, the entire structure would have been demolished, instead of leaving the central arch, over which the Ambassador was lodged, relatively secure.

In looking back and discussing the day's events, the consensus was that this "just wasn't the right time" for other people, too. If the jeep had been on time, or if the two had decided to eat in the cafeteria, they would have been inside when the bomb exploded. On an ordinary Monday there would have been 10 or 11 cars outside the Embassy, each with a driver and a shotgun rider, instead of two or three. "Things were plucked out of their normal routine in a very funny kind of way. Everything I would have normally done," he raises his hands in a shrug... "I would have been killed. But it didn't happen that way. I have a pretty good sense of religion," he said, "but I had more that day. Lots of people said the same thing the next day... 'I usually would have been right there,' etc."

Did he ever go ashore again? "Sure," he said. "The next day." His CSO, however, refused to leave the ship; others, even two miles offshore, never set foot on deck again. Most people were fatalistic about it, however. Most fatalistic of all, he says, are the Lebanese

people themselves, who see fire-bombings on a daily basis. "They are survivors," he says. "Tough people." He recalled one man who started out from scratch at the age of 65, after his flourishing business was wrecked. He considers that to be characteristic of these people, who have lived with conflict for thousands of years.

Part of the Turkish Empire, Lebanon was liberated at the end of World War I and almost experienced its first independence as a French Protectorate. World War II interceded as they were forming their government, he said, and they made the fatal error of setting it up according to religious quotas. The Maronite Christians, being greater in number, were awarded the most powerful positions; then the Sunni Moslems, then the Shiite Moslems, etc.

"As crazy as this system was," he said, "they got along until 1975. Then Jordan ejected the PLO and the only place lacking the strength to resist the influx of several hundred thousand people, was Lebanon. Geographically, it had always been at the wrong place at the wrong time. When the PLO came in, holding the Lebanese hostage in their own land, the balance was way off. Now, there were more Moslems than Christians no matter which way

you sliced it. This was the beginning of the Civil War; no one had a clear head."

"Since the Civil War, an entire generation has grown up with people killing each other. Every person over the age of ten years has an automatic weapon. There are two or three car bombings every day. It goes back centuries; they've always fought over Mohammed's successor, class, religion, stability (oil)."

Does any part of life go on as before? "Crazily, a lot does," he answers.

"Between shots, they run their businesses, go to school. When the fighting starts up, they all run for cover during an artillery bombardment. An hour later they're back on the street selling pita bread and whitewashing their houses. Some of the explosions could be caused by one baker who has a price war with another baker," he shakes his head incredulously.

He maintains that the Lebanese are a "fabulous people," hardworking and very gracious. "Even the beggars on the street have a certain effusiveness about them," he says. "But they have this terrible unsolvable problem, or set of problems. Lebanon, for the Middle East, has become the vacant lot for every gang in the neighborhood."

"It is the most beautiful country in the world," says Dr. Martin. "Snow-topped mountains...green valleys...the bluest water. Beirut was a combination of San Francisco and the Rocky Mountains. It was a beautiful, rich, modern city, frequently referred to as 'the Paris of the Middle East.' It was a medical center, had casinos, and all the prominent people in that part of the world went there to kick up their heels. It was a cultural city, very French-influenced...the greatest liberty port in the Mediterranean, I hear. The country is about 100 miles long, divided north and south by the Lebanon Mountains, which sweep almost from the coast to 10,000 feet. Much of the year they are snow-capped; the word Lebanon means "snow" in Arabic.

"In June, 1982, with the Israeli withdrawal and ensuing crisis, it was obvious that the army had the same problems as the population itself: Christians fighting Moslems. There is no national integrity," he continues. "Everyone is five things before he's a Lebanese. He's either a rich man or a poor man, one of several religious factions, one of several political fac-

tions, and then of a local affiliation. They all love their country, but they all see it in a different way. National loyalty is fierce; they'll all give their lives for Lebanon, but no two can tell you exactly what that means."

As impressed as he is with the valiant Lebanese, he is more impressed with our State Department officials there. After the Embassy bombing, he treated them daily, and admired the manner in which they dispatched their duties in spite of fright and upheaval. "It was magnificent," he said. "They never missed a beat, never missed a meeting. They met their obligations and gathered in small groups to patch each other up emotionally. They kept right on going."

"There was no way for them to shoot back," he continued, "and they really

weren't angry. We had guns, but didn't know who to shoot at. The only thing they could do was to keep up with their jobs, and show everyone that they couldn't be put out of business."

Captain Martin is Chief of Vascular Surgery at the National Naval Medical Center in Bethesda, Maryland. He entered the service in the Vietnam era so that he could choose the branch he wanted to serve in, rather than be drafted. After completing a surgical residency at Jefferson, he took a transplantation fellowship at the University of Colorado under Dr. Thomas Starzl, a world-reknowned authority on liver transplantation now at the University of Pittsburgh.

Dr. Martin has four children, the oldest of whom, Alfred J. (Joe) III, recently made him a grandfather. Bill,

20, is a senior pre-law student at the University of Colorado, where Beth, 18, is a freshman in pre-medical studies. Anne, 15, is still in high school.

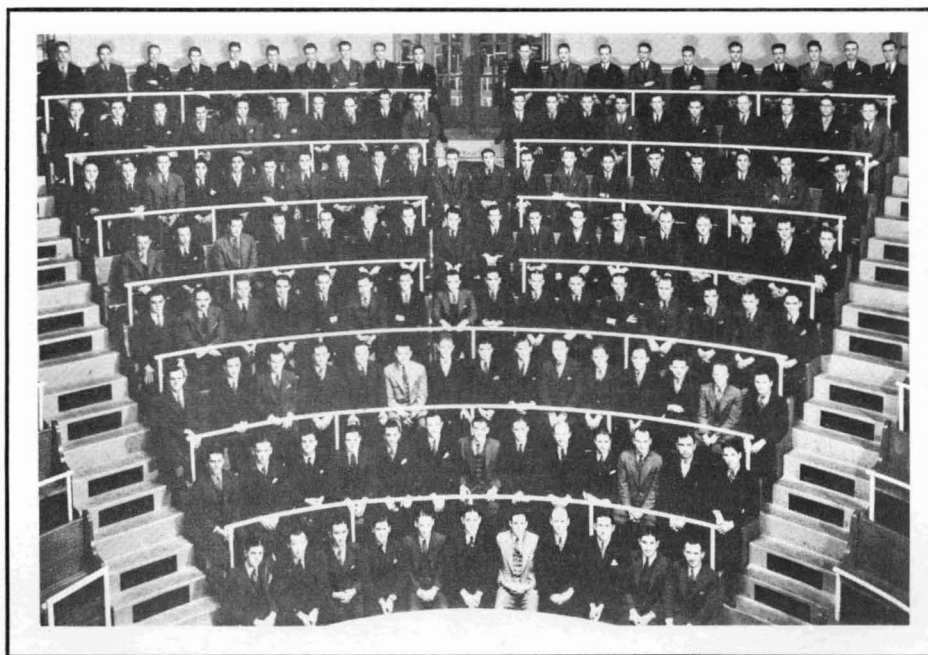
While he enjoys the modern equipment and the clientele in the Washington, D.C. area, he wants to offer an enthusiastic pitch for the kind of military medicine that takes him "wherever I'm needed," to faraway places. "It's kind of a neat thing to do," he understates in his soft Colorado drawl. "It's nice to work in a situation where they are depending entirely on me; there aren't 50 other surgeons. On a tour," he said, looking out of the window as though visualizing an exact incident, "it's a first class challenge to stand there with my bag of instruments and a few associates, ready for whatever comes along."



The American Embassy in Beirut, photographed by helicopter after the bombing in April, 1983, as rescue operations were in progress. Rubble (bottom) is the lobby and cafeteria area where most of the fatalities occurred. The overturned vehicle (center) is where Dr. Martin's jeep and driver had been parked. A crowd gathers at the left, the site of the fire, where Martin and others extricated a soldier from burning debris.

Plan to Join Us

Reunion Activities *1985*



The Class of 1935

June 4, 5, 6 & 8

Welcoming Cocktail Party

Clinic Program

Dean's Luncheon

Class Parties

CME Program

Alumni Banquet

Reunions 1985

All Activities June 4, 5, 6, 8

55th Reunion 1930

Dinner
Jefferson Alumni Hall June 5

50th Reunion 1935

Black Tie Dinner
Four Seasons Hotel
One Logan Square June 5
Luncheon
Union League of Philadelphia June 6

45th Reunion 1940

Dinner
Union League of Philadelphia June 5

40th Reunion 1945

Dinner
The Academy of Natural
Sciences
19th and the Parkway June 5

35th Reunion 1950

Dinner
The Palace Hotel
18th and the Parkway June 5

30th Reunion 1955

Dinner
Carpenters' Hall
320 Chestnut Street June 5

25th Reunion 1960

Black Tie Dinner Dance
The Franklin Institute
20th and the Parkway June 5

20th Reunion 1965

Black Tie Dinner Dance
The College of Physicians of
Philadelphia
19 South 22nd Street June 5

15th Reunion 1970

Dinner
Place to be announced June 5

10th Reunion 1975

Dinner
The Philadelphia College of Art
Broad and Pine Streets June 8

5th Reunion 1980

Cocktails and Buffet
Jefferson Alumni Hall June 8